

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2287750

Date Received:

04/04/2012

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 96850
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC
3. Address: 1001 17TH STREET - SUITE #1200
City: DENVER State: CO Zip: 80202
4. Contact Name: SANDRA SALAZAR
Phone: (303) 629-8456
Fax: (303) 629-8268

5. API Number 05-045-18172-00
6. County: GARFIELD
7. Well Name: FEDERAL
Well Number: RU 443-6
8. Location: QtrQtr: SWSE Section: 6 Township: 7S Range: 93W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 01/06/2011 Date of First Production this formation: 01/11/2011
Perforations Top: 7854 Bottom: 9870 No. Holes: 172 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: ☐
4032 GALS 7 1/2% HCL; 1169100 # 20/40 SAND; 31839 BBLS SLICKWATER (SUMMARY)
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 02/28/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 978 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 978 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 2676 Tubing PSI: 2166 Choke Size: 10/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1118 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9528 Tbg setting date: 02/14/2011 Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

Comment:

FORM 5 DOC #2287752

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: SANDRA SALAZAR

Title: PERMIT TECH Date: 2/14/2012 Email SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2287750	FORM 5A SUBMITTED
2287751	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)