

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:

400283552

Date Received:

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: Julie Lawson
Phone: (303) 260-4533
Fax: (303) 629-8268

5. API Number 05-045-20250-00
6. County: GARFIELD
7. Well Name: Federal
Well Number: PA 444-20
8. Location: QtrQtr: LOT8 Section: 20 Township: 6S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 11/28/2011 Date of First Production this formation: 12/04/2011
Perforations Top: 6272 Bottom: 8423 No. Holes: 170 Hole size: 0.35
Provide a brief summary of the formation treatment: Open Hole: ☐
4520 gal 7.5% HCL; 1020500# 40/70 Sand; 47672 BBL's Slickwater (summary).
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 04/02/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 838 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 1646 Tubing PSI: 2042 Choke Size: 11/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1050 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8192 Tbg setting date: 12/17/2011 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:

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

Signed: Print Name: Julie Lawson

Title: Permit Tech II Date: Email julie.lawson@wpxenergy.com

Attachment Check List

| Att Doc Num | Name |
|-------------|------------------|
| 400283553 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)