

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



DE	ET	OE	ES
----	----	----	----

Document Number:  
400287000

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 4. Contact Name: Julie Lawson  
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 260-4533  
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-20831-00 6. County: GARFIELD  
 7. Well Name: Bosely Well Number: SG 332-23  
 8. Location: QtrQtr: NENW Section: 23 Township: 7S Range: 96W Meridian: 6  
 9. Field Name: GRAND VALLEY Field Code: 31290

### Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 04/16/2012 Date of First Production this formation: 04/21/2012

Perforations Top: 4728 Bottom: 5917 No. Holes: 89 Hole size: 0.35

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

402600# 40/70 Sand; 10856 BBLS Slickwater.

This formation is commingled with another formation:  Yes  No

#### Test Information:

Date: 05/03/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1460 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1636 Tubing PSI: 1521 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1073 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5745 Tbg setting date: 04/28/2012 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
400287024	WELLBORE DIAGRAM

Total Attach: 1 Files

#### General Comments

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

Total: 0 comment(s)