

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:
400287228

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 05-045-20830-00 6. County: GARFIELD
 7. Well Name: Bosely Well Number: SG 422-23
 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: 04/18/2012 Date of First Production this formation: 04/26/2012
 Perforations Top: 4523 Bottom: 5800 No. Holes: 110 Hole size: 0.35
 Provide a brief summary of the formation treatment: 590300# 40/70 Sand; 16041 BBL's Slickwater. Open Hole:
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/09/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1112 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
 Test Method: Flowing Casing PSI: 1418 Tubing PSI: 1170 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: 5528 Tbg setting date: 05/02/2012 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
400287231	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)