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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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: Angela Neifert-Kraiser
Phone: (303) 606-4398
Fax:

5. API Number 05-045-19741-00
6. County: GARFIELD
7. Well Name: ExxonMobil
Well Number: GM 333-27
8. Location: QtrQtr: SESW Section: 27 Township: 6S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 07/05/2011 Date of First Production this formation: 07/10/2011

Perforations Top: 5267 Bottom: 6979 No. Holes: 125 Hole size:

Provide a brief summary of the formation treatment: Open Hole: ☐

500 Gals 7 1/2% HCL; 1018336# 30/50 Sand; 26911 Bbls Slickwater;(Summary)

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 08/31/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1100 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1100 Bbls H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 1545 Tubing PSI: 1321 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1094 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6744 Tbg setting date: 07/14/2011 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:

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

Signed: Print Name: Angela Neifert-Kraiser

Title: Regulatory Specialist Date: Email: Angela.Neifert-Kraiser@wpxenergy.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)