

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400260492

Date Received: 03/29/2012

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 05-045-19790-00
6. County: GARFIELD
7. Well Name: Farris
Well Number: RWF 334-31
8. Location: QtrQtr: SESW Section: 31 Township: 6S Range: 94W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type:

Treatment Date: 10/01/2011 End Date: Date of First Production this formation: 10/04/2011

Perforations Top: 5999 Bottom: 7952 No. Holes: 166 Hole size: 0.35

Provide a brief summary of the formation treatment: Open Hole: []

4774 Gals 7 1/2% HCL; 893151 # 40/70 Sand; 26858 Bbls Slickwater (Summary)

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Number of staged intervals:

Total acid used in treatment (bbl): Max frac gradient (psi/ft):

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/29/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1102 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1288 Tubing PSI: 1141 Choke Size: 11/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1036 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7737 Tbg setting date: 10/23/2011 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: Sandra Salazar

Title: Permit Technician II Date: 3/29/2012 Email sandra.salazar@wpenergy.com
:

Attachment Check List

Att Doc Num	Name
400260492	FORM 5A SUBMITTED
400260512	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)