

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: 400266206

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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 05-045-20278-00 6. County: GARFIELD 7. Well Name: Bosely Well Number: SG 23-35 8. Location: QtrQtr: NWSW Section: 35 Township: 7S Range: 96W Meridian: 6 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

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

Treatment Date: 01/20/2012 End Date: Date of First Production this formation: 01/25/2012

Perforations Top: 4165 Bottom: 5246 No. Holes: 81 Hole size: 0.35

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

1000 gal 7.5% HCL; 31778# 30/50 Sand; 16036 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: 02/14/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 476 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 476 Bbl H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 816 Tubing PSI: 630 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1041 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5042 Tbg setting date: 02/03/2012 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [ ] Yes [X] No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

Comment:

Surface Pressure=78

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: 3/28/2012 Email julie.lawson@wpenergy.com  
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### **Attachment Check List**

Att Doc Num	Name
400266206	FORM 5A SUBMITTED
400266212	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)