

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: 400266487

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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 05-045-20277-00
6. County: GARFIELD
7. Well Name: Bosely
Well Number: SG 13-35
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: 02/07/2012

Perforations Top: 4020 Bottom: 5147 No. Holes: 82 Hole size: 0.35

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

1000 gal 7.5% HCL; 682400# 30/50 Sand; 13990 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: 651 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 651 Bbl H2O: 0 GOR:

Test Method: flowing Casing PSI: 851 Tubing PSI: 580 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1023 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4881 Tbg setting date: 02/06/2012 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= 9

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: 3/29/2012 Email julie.lawson@wpenergy.com

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### **Attachment Check List**

Att Doc Num	Name
400266487	FORM 5A SUBMITTED
400266489	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Input 24 gas flow rate based on test data.	6/13/2012 9:04:33 AM

Total: 1 comment(s)