

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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

5. API Number 05-045-19602-00 6. County: GARFIELD 7. Well Name: Federal Well Number: PA 411-21 8. Location: QtrQtr: SENW Section: 21 Township: 6S Range: 95W Meridian: 6 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: Treatment Date: 06/24/2012 End Date: Date of First Production this formation: 06/29/2011 Perforations Top: 6748 Bottom: 8762 No. Holes: 149 Hole size: 0.35

Provide a brief summary of the formation treatment:

Open Hole: []

3500 Gals 7 1/2% HCL; 754998# 40/70 Sand; 22580 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: 09/01/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 954 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 954 Bbl H2O: 0 GOR: 0 Test Method: flowing Casing PSI: 1032 Tubing PSI: 721 Choke Size: 14/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1055 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8470 Tbg setting date: 07/20/2011 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: 5/23/2012 Email angela.neifert-kraiser@wpenergy.com
:

Attachment Check List

Att Doc Num	Name
400271187	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Off Hold. Input 24 hour flow rate based on test data.	6/15/2012 10:03:03 AM
Permit	On hold pending form 5 approval.	6/14/2012 1:30:51 PM

Total: 2 comment(s)