

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: 400277312 Date Received: 04/26/2012

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: Julie Lawson Phone: (303) 260-4533 Fax: (303) 629-8268

5. API Number 05-045-20253-00 6. County: GARFIELD 7. Well Name: Federal Well Number: PA 344-20 8. Location: QtrQtr: LOT8 Section: 20 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: 12/29/2011 End Date: Date of First Production this formation: 01/02/2012 Perforations Top: 6284 Bottom: 8360 No. Holes: 139 Hole size: 0.35

Provide a brief summary of the formation treatment: Open Hole: 3500 GALS 7 1/2% HCL; 867900# 40/70 SAND; 24694 BBLs SLICKWATER;(SUMMARY)

This formation is commingled with another formation: Yes 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: 04/02/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 976 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 976 Bbl H2O: 0 GOR: 0 Test Method: flowing Casing PSI: 2271 Tubing PSI: 1682 Choke Size: 11/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1085 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8152 Tbg setting date: 01/27/2012 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: Julie Lawson

Title: Permit Tech II Date: 4/26/2012 Email julie.lawson@wpenergy.com
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Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400277312 | FORM 5A SUBMITTED |
| 400277320 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|--|----------------------------|
| Permit | Input 24 hour gas flow based on test data. | 6/21/2012 1:00:09 PM |

Total: 1 comment(s)