

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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: Sandra Salazar Phone: (303) 629-8456 Fax: (303) 629-8268

5. API Number 05-045-20149-00 6. County: GARFIELD 7. Well Name: Clough Well Number: RWF 413-14 8. Location: QtrQtr: LOT6 Section: 14 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: 06/28/2011 End Date: Date of First Production this formation: 07/01/2011 Perforations Top: 6716 Bottom: 8524 No. Holes: 128 Hole size: 0.35

Provide a brief summary of the formation treatment: Open Hole: 4074 Gals 7 1/2% HCL; 1737791 # 20/40 Sand; 167561 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: 09/30/2011 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: 1585 Tubing PSI: 1189 Choke Size: 11/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1016 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8313 Tbg setting date: 08/22/2011 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: 5/2/2012 Email Sandra.Salazar@wpenergy.com
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Attachment Check List

Att Doc Num	Name
400279468	FORM 5A SUBMITTED
400280233	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

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