

FORM 5A
Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Document Number:
400281081
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05/04/2012

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 4. Contact Name: Julie Lawson
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 260-4533
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-20240-00 6. County: GARFIELD
 7. Well Name: Federal Well Number: PA 24-20
 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: 6466 Bottom: 8568 No. Holes: 133 Hole size: 0.35

Provide a brief summary of the formation treatment: _____ Open Hole:

3500 GALS 7 1/2% HCL; 829900# 40/70 SAND; 23336 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: 1187 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1187 Bbl H2O: 0 GOR: 0
 Test Method: Flowing Casing PSI: 2515 Tubing PSI: 2342 Choke Size: 10/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1083 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8347 Tbg setting date: 01/26/2012 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: 5/4/2012 Email julie.lawson@wpenergy.com

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Attachment Check List

Att Doc Num	Name
400281081	FORM 5A SUBMITTED
400281086	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.	6/22/2012 11:59:28 AM

Total: 1 comment(s)