

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: 400284987 Date Received: 05/15/2012

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

5. API Number 05-045-19787-00 6. County: GARFIELD 7. Well Name: Farris Well Number: RWF 44-31 8. Location: QtrQtr: SESW Section: 31 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: 11/08/2011 End Date: Date of First Production this formation: 11/14/2011 Perforations Top: 6360 Bottom: 8353 No. Holes: 153 Hole size: 0.35

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

4528 Gals 7 1/2 % HCL; 988000 # 40/70 Sand; 29754 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: 03/31/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 945 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 945 Bbl H2O: 0 GOR: 0 Test Method: Flowing Casing PSI: 917 Tubing PSI: 629 Choke Size: 10/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1072 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8145 Tbg setting date: 12/01/2011 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: 5/15/2012 Email: Sandra.Salazar@wpenergy.com  
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### **Attachment Check List**

Att Doc Num	Name
400284987	FORM 5A SUBMITTED
400284998	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 hour gas flow based on test data.	6/26/2012 11:54:30 AM

Total: 1 comment(s)