

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



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Document Number:
400285065

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 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 05-045-20835-00 6. County: GARFIELD
 7. Well Name: Bosley Well Number: SG 322-23
 8. Location: QtrQtr: NENW Section: 23 Township: 7S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: _____
 Treatment Date: 04/18/2012 End Date: _____ Date of First Production this formation: 04/26/2012
 Perforations Top: 4266 Bottom: 5484 No. Holes: 93 Hole size: 0.35

Provide a brief summary of the formation treatment: _____ Open Hole:
512400# 40/70 Sand; 13668 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: 05/08/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1092 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1092 Bbl H2O: 0 GOR: 0
 Test Method: Flowing Casing PSI: 1422 Tubing PSI: 1245 Choke Size: 15/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1073 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5320 Tbg setting date: 05/05/2012 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: 5/15/2012 Email julie.lawson@wpenergy.com
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Attachment Check List

Att Doc Num	Name
400285065	FORM 5A SUBMITTED
400285068	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)