

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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

5. API Number 05-045-20830-00 6. County: GARFIELD 7. Well Name: Bosely Well Number: SG 422-23 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: 4523 Bottom: 5800 No. Holes: 110 Hole size: 0.35

Provide a brief summary of the formation treatment: 590300# 40/70 Sand; 16041 BBL's Slickwater.

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: 05/09/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1112 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1112 Bbl H2O: 0 GOR: 0 Test Method: Flowing Casing PSI: 1418 Tubing PSI: 1170 Choke Size: 14/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1073 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5528 Tbg setting date: 05/02/2012 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: 5/22/2012 Email julie.lawson@wpenergy.com
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Attachment Check List

Att Doc Num	Name
400287228	FORM 5A SUBMITTED
400287231	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Input calculated 24 hour rate based on test data.	6/29/2012 8:06:15 AM

Total: 1 comment(s)