

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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Date Received:

05/30/2012

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: Angela Neifert-Kraiser
Phone: (303) 606-4398
Fax:

5. API Number 05-045-19738-00
6. County: GARFIELD
7. Well Name: ExxonMobil
Well Number: GM 422-27
8. Location: QtrQtr: SESW Section: 27 Township: 6S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type:
Treatment Date: 07/21/2011 End Date: Date of First Production this formation: 07/24/2011
Perforations Top: 5661 Bottom: 7452 No. Holes: 164 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

3818 Gals 7 1/2% HCL; 919762# 30/50 Sand; 25654 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: 08/01/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 1098 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1098 Bbl H2O: 0 GOR: 0
Test Method: flowing Casing PSI: 1527 Tubing PSI: 1262 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1074 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7253 Tbg setting date: 08/01/2011 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:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Angela Neifert-Kraiser

Title: Regulatory Specialist Date: 5/30/2012 Email: Angela.Neifert-Kraiser@wpenergy.com
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Attachment Check List

Att Doc Num	Name
400290432	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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Total: 0 comment(s)