

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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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 05-045-20478-00 6. County: GARFIELD  
 7. Well Name: ExxonMobil Well Number: GM 34-23  
 8. Location: QtrQtr: NWSW Section: 23 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: 12/08/2011 End Date: \_\_\_\_\_ Date of First Production this formation: 12/28/2011

Perforations Top: 6323 Bottom: 7768 No. Holes: 127 Hole size: 0.35

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

3523 gal 7.5% HCL; 1195700# 30/50 Sand; 74762 BBL's 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: \_\_\_\_\_ Max frac gradient (psi/ft): \_\_\_\_\_

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_

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: 02/28/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1221 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1221 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1864 Tubing PSI: 1735 Choke Size: 13/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1061 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7613 Tbg setting date: 02/16/2012 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: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

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: 4/12/2012 Email julie.lawson@wpenergy.com  
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### **Attachment Check List**

Att Doc Num	Name
400271867	FORM 5A SUBMITTED
400271879	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	Off Hold. Form 5 approved.	7/16/2012 10:51:05 AM
Permit	On Hold pending form 5.	6/15/2012 9:58:07 AM

Total: 2 comment(s)