

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: 400277764 Date Received: 04/27/2012

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

5. API Number 05-045-20256-00 6. County: GARFIELD 7. Well Name: Federal 8. Location: QtrQtr: LOT8 Section: 20 Township: 6S Range: 95W Meridian: 6 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/21/2011 End Date: Date of First Production this formation: 12/03/2011

Perforations Top: 6395 Bottom: 8591 No. Holes: 151 Hole size: 0.35

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

3515 gal 7.5% HCL; 933150 # 40/70 Sand; 42422 BBL's 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: 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: 04/04/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1228 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 GOR: 0 Test Method: Flowing Casing PSI: 2537 Tubing PSI: 2139 Choke Size: 10/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1051 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8314 Tbg setting date: 12/15/2011 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: ** 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: 4/27/2012 Email julie.lawson@wpenergy.com

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Attachment Check List

Att Doc Num	Name
400277764	FORM 5A SUBMITTED
400277808	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	off hold;form 5 approved.	3/1/2012 2:25:24 PM
Permit	On hold pending form 5 approval.	6/21/2012 2:16:29 PM

Total: 2 comment(s)