

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: 400278903 Date Received: 05/01/2012

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, reoperation 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 05-045-20244-00 6. County: GARFIELD 7. Well Name: Federal Well Number: PA 543-20 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: 11/29/2011 End Date: Date of First Production this formation: 12/03/2011 Perforations Top: 6311 Bottom: 8502 No. Holes: 170 Hole size: 0.35

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

4536 GALS 7 1/2% HCL; 1055600# 40/70 SAND; 48756 BBLS 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: 1173 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 GOR: 0 Test Method: Flowing Casing PSI: 2090 Tubing PSI: 0 Choke Size: 11/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1081 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8274 Tbg setting date: 01/24/2012 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: 5/1/2012 Email julie.lawson@wpenergy.com  
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### **Attachment Check List**

Att Doc Num	Name
400278903	FORM 5A SUBMITTED
400278910	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.	3/1/2012 2:31:10 PM
Permit	On Hold. Pending form 5 approval	6/22/2012 8:05:31 AM

Total: 2 comment(s)