

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: Matt Barber
Phone: (303) 606-4385
Fax: (303) 629-8268

5. API Number 05-045-20464-00
6. County: GARFIELD
7. Well Name: ExxonMobil
Well Number: GM 512-23
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: FRACTURE STIMULATION

Treatment Date: 12/13/2011 End Date: 01/11/2012 Date of First Production this formation: 12/29/2011

Perforations Top: 5863 Bottom: 7602 No. Holes: 130 Hole size: 0.35

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

2500 gal 7.5% HCL; 1,113,600# 30/50 Sand; 50,512 Bbls Slickwater

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 50572 Max pressure during treatment (psi): 6616
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.43
Type of gas used in treatment: Max frac gradient (psi/ft): 0.79
Total acid used in treatment (bbl): 59 Number of staged intervals: 6
Recycled water used in treatment (bbl): 50512 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE
Total proppant used (lbs): 1113600 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/22/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1425 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 2185 Tubing PSI: 1982 Choke Size: 11/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1011 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7399 Tbg setting date: 02/03/2012 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:

Please note: All flowback water entries are total estimates based on comingled volumes.

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

Signed: _____ Print Name: Matt Barber

Title: Sr. Regulatory Specialist Date: 6/12/2012 Email matt.barber@wpenergy.com

Attachment Check List

Att Doc Num	Name
400294500	FORM 5A SUBMITTED
400294880	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	off hold; form 5 approved.	8/10/2012 11:27:43 AM
Permit	On hold pending form 5 approval.	7/5/2012 8:07:59 AM

Total: 2 comment(s)