

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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Document Number:
400290235

Date Received:
06/12/2012

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 05-045-19904-00
6. County: GARFIELD
7. Well Name: ExxonMobil
Well Number: GM 441-34
8. Location: QtrQtr: NWNE Section: 34 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: 07/08/2011 End Date: 07/08/2011 Date of First Production this formation: 07/10/2011
Perforations Top: 5592 Bottom: 7182 No. Holes: 169 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:
2049 Gals 7 1/2% HCL; 1092400# 30/50 Sand; 26678 Bbbs Slickwater;(Summary)
Please note: the "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date
*All flowback water entries are total estimates based on comingled volumes.

This formation is comingled with another formation: Yes No
Total fluid used in treatment (bbl): 1094449 Max pressure during treatment (psi): 6676
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): 0.60
Total acid used in treatment (bbl): 2049 Number of staged intervals: 6
Recycled water used in treatment (bbl): 26678 Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE
Total proppant used (lbs): 1092400 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/31/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 1095 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1095 Bbl H2O: 0 GOR: 0
Test Method: flowing Casing PSI: 1282 Tubing PSI: 1070 Choke Size: 13/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1092 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7005 Tbg setting date: 07/26/2011 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:
Please note: the "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date
*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: Angela Neifert-Kraiser
Title: Regulatory Specialist Date: 6/12/2012 Email: Angela.Neifert-Kraiser@wpenergy.com

Attachment Check List

Att Doc Num	Name
400290235	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	off hold; WBD submitted with form 5	8/10/2012 11:33:37 AM
Permit	req'd WBD.	6/19/2012 8:12:57 AM

Total: 2 comment(s)