

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: 2285856 Date Received: 12/12/2011

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: JENN MENDOZA Phone: (303) 260-4533 Fax: (303) 629-8285

5. API Number 05-045-19609-00 6. County: GARFIELD 7. Well Name: Federal 8. Location: QtrQtr: SENW Section: 21 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: 04/28/2011 End Date: Date of First Production this formation: 05/01/2011 Perforations Top: 6427 Bottom: 8431 No. Holes: 149 Hole size: 35/100

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

5773 GALS OF 7.5% HCL; 935600# OF 40/70 SAND; 27226 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: 06/16/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 956 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 956 Bbl H2O: 0 GOR: 0 Test Method: FLOWING Casing PSI: 994 Tubing PSI: 789 Choke Size: 20/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1068 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8140 Tbg setting date: 06/08/2011 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:

FORM 5 DOC # 2285853

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

Signed: _____ Print Name: JENN MENDOZA

Title: PERMIT TECH Date: 11/4/2011 Email JENN.MENDOZA@WILLIAMS.COM

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Attachment Check List

Att Doc Num	Name
2285856	FORM 5A SUBMITTED
2285857	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	per oper. added prod. volumes & corrected csg. & tbq. pressures.	7/10/2012 8:27:23 AM
Permit	on hold--need prod. volumes	4/19/2012 11:42:21 AM
Permit	Added field name Missing production volumes	1/6/2012 4:00:30 PM

Total: 3 comment(s)