

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



Table with columns DE, ET, OE, ES

Document Number: 2237054 Date Received: 06/06/2012

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 4. Contact Name: ANGELA NEIFERT-KRAISER 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4398 3. Address: 1001 17TH STREET - SUITE #1200 City: DENVER State: CO Zip: 80202 Fax: (303) 629-8285

5. API Number 05-045-19446-00 6. County: GARFIELD 7. Well Name: Federal Well Number: KP 544-18 8. Location: QtrQtr: SWSE Section: 18 Township: 6S Range: 91W Meridian: 6 9. Field Name: Field Code:

Completed Interval

FORMATION: ROLLINS Status: PRODUCING Treatment Type: Treatment Date: 08/01/2011 End Date: Date of First Production this formation: 08/06/2011 Perforations Top: 7144 Bottom: 7212 No. Holes: 16 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: 424 GALS 7 1/2% HCL; 85232# 20/40 SAND; 3647 BBLS SLICKWATER (SUMMARY)

This formation is commingled with another formation: [X] Yes [] 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: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: Tubing Setting Depth: 6048 Tbg setting date: 08/08/2011 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.

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: _____

Treatment Date: 08/01/2011 End Date: _____ Date of First Production this formation: 08/06/2011

Perforations Top: 4705 Bottom: 7123 No. Holes: 212 Hole size: 35/100

Provide a brief summary of the formation treatment: _____ Open Hole:

6879 GALS 7 1/2% HCL; 1287368# 20/40 SAND; 52893 BBLS SLICKWATER (SUMMARY)

This formation is commingled with another formation: Yes 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: 08/31/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 1059 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1059 Bbl H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 823 Tubing PSI: 430 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1175 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6048 Tbg setting date: 08/08/2011 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# 2237050

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

Signed: _____ Print Name: ANGELA J. NEIFERT-KRAISER

Title: REGULATORY Date: 3/30/2012 Email: angela.neifert-kraiser@wpenergy.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2237054 | FORM 5A SUBMITTED |
| 2237055 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

| User Group | Comment | Comment Date |
|-------------------|--|--------------------------|
| Permit | Off hold; oper. revised perf intervals and treatment data. | 9/6/2012 11:03:53 AM |
| Permit | still on hold; top Rollins on form 5 below the top of the Rollins perms on this form 5A. Need WFILS commingled tab. | 9/6/2012 7:21:38 AM |
| Permit | on hold pending form 5 approval. | 8/10/2012 10:33:04 AM |

Total: 3 comment(s)