

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

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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: ANNIE SMITH Phone: (303) 606-4363 Fax: (303) 629-8285

5. API Number 05-045-15925-00 6. County: GARFIELD 7. Well Name: ALLEN POINT Well Number: 644-8-695 8. Location: QtrQtr: SESE Section: 8 Township: 6S Range: 95W Meridian: 6 9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: Treatment Date: 12/11/2008 End Date: Date of First Production this formation: 12/11/2008 Perforations Top: 9398 Bottom: 11280 No. Holes: 196 Hole size: 36/100

Provide a brief summary of the formation treatment:

Open Hole: []

4200 GAL 10% HCL, 1,280,000# 30/50 SAND. 43242 BBL SLICKWATER.

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: Min 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: 02/16/2009 Hours: 24 Bbl oil: Mcf Gas: 2200 Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: 2200 Bbl H2O: GOR: Test Method: FLOWING Casing PSI: 2450 Tubing PSI: 1600 Choke Size: 18/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1040 API Gravity Oil: Tubing Size: 2 + 3/8 Tubing Setting Depth: 10070 Tbg setting date: 02/04/2009 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: ANNIE SMITH

Title: ENGINEER TECH Date: 4/14/2009 Email ANNIE.SMITH@WILLIAMS.COM
:

Attachment Check List

Att Doc Num	Name
2622428	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

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