

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 DENVER CO Zip: 80202
4. Contact Name: TRACY OPP Phone: (303) 606-4357 Fax: (303) 629-8275

5. API Number 05-045-14809-00
6. County: GARFIELD
7. Well Name: AP Well Number: 531-24-696
8. Location: QtrQtr: SENW Section: 24 Township: 6S Range: 96W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type:

Treatment Date: 10/11/2008 End Date: Date of First Production this formation:

Perforations Top: 8493 Bottom: 10379 No. Holes: 171 Hole size: 36/100

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

7,830 GAL 10% ACID AHEAD OF FRAC. 36,027 BBLs WTR. 1,093,820 # 30/50 HEXION SAND.

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: 10/29/2009 Hours: 24 Bbl oil: Mcf Gas: 2100 Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: FLOWING Casing PSI: 1750 Tubing PSI: 1550 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1060 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 11175 Tbg setting date: 10/11/2008 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:

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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: 11/18/2008 Email: ANNIE.SMITH@WILLIAMS.COM
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)