

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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09/27/2012

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: ANNIE SMITH
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4363
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8275
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-14806-00 6. County: GARFIELD
 7. Well Name: AP Well Number: 332-24-696
 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: 08/18/2008 End Date: _____ Date of First Production this formation: 08/26/2008

Perforations Top: 8676 Bottom: 10457 No. Holes: 177 Hole size: 36/100

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

6,540 GAL ACID BEFORE FRAC. 34,905 BBLS WTR. 1,041,400# 30/50 SAND.

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: _____ 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: 2200 Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: FLOWING Casing PSI: 1700 Tubing PSI: 1400 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1030 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 10241 Tbg setting date: 10/20/2008 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: 10/18/2008 Email ANNIE.SMITH@WILLIAMS.COM
:

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| 2622429 | |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)