

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400317079

Date Received:
08/16/2012

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
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: Angela Neifert-Kraiser
Phone: (303) 606-4398
Fax: (303) 629-8272

5. API Number 05-045-20836-00
6. County: GARFIELD
7. Well Name: Bosely Well Number: GM 514-14
8. Location: QtrQtr: NENW Section: 23 Township: 7S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/05/2012 End Date: 04/09/2012 Date of First Production this formation: 04/08/2012
Perforations Top: 4609 Bottom: 5712 No. Holes: 90 Hole size: _____

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

689050#40/70 Sand; 17850 Bbls Slickwater; (Summary)

Please note: the "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.
*All flowback water entries are total estimates based on comingled volumes

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 17850 Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.43
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.59
Total acid used in treatment (bbl): 0 Number of staged intervals: 4
Recycled water used in treatment (bbl): 17850 Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE
Total proppant used (lbs): 689050 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/31/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1155 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1155 Bbl H2O: 0 GOR: 0
Test Method: flowing Casing PSI: 1582 Tubing PSI: 1475 Choke Size: 15/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1086 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5520 Tbg setting date: 04/12/2012 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:
Please note: the "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.
*All flowback water entries are total estimates based on comingled volumes

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Angela Neifert-Kraiser
Title: Regulatory Specialist Date: 8/16/2012 Email: angela.neifert-kraiser@wpenergy.com

Attachment Check List

Att Doc Num	Name
400317079	FORM 5A SUBMITTED
400317088	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)