

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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Document Number:
400316379

Date Received:
08/15/2012

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: <u>96850</u>	4. Contact Name: <u>Angela Neifert-Kraiser</u>
2. Name of Operator: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Phone: <u>(303) 606-4398</u>
3. Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>(303) 629-8272</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-20839-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>Bosely</u>	Well Number: <u>GM 414-14</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>23</u> Township: <u>7S</u> Range: <u>96W</u> Meridian: <u>6</u>	
9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u>	

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: 4731 Bottom: 5933 No. Holes: 95 Hole size: _____

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

699762#40/70 Sand; 18422 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): 18422 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): 0.61

Total acid used in treatment (bbl): 0 Number of staged intervals: 4

Recycled water used in treatment (bbl): 18422 Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE

Total proppant used (lbs): 699762 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/30/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1306 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1306 Bbl H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 1887 Tubing PSI: 1738 Choke Size: 13/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1063 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5732 Tbg setting date: 04/11/2012 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: 8/15/2012 Email: angela.neifert-kraiser@wpenergy.com

Attachment Check List

Att Doc Num	Name
400316379	FORM 5A SUBMITTED
400316389	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)