

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 #1200 City: DENVER State: CO Zip: 80202 4. Contact Name: Sandra Salazar Phone: (303) 629-8456 Fax: (303) 629-8268

5. API Number 05-045-20459-00 6. County: GARFIELD 7. Well Name: Savage 8. Location: QtrQtr: SWNW Section: 35 Township: 6S Range: 94W Meridian: 6 9. Field Name: RULISON Field Code: 75400

Completed Interval

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

Treatment Date: 10/16/2012 End Date: 10/22/2012 Date of First Production this formation: 10/18/2012 Perforations Top: 5683 Bottom: 7768 No. Holes: 128 Hole size: 35/100

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

0 Gals 7 1/2% HCL; 713000 # 30/50 Sand; 167300 100/Mesh; 26343 Bbls Slickwater (Summary)

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 26344 Max pressure during treatment (psi): 4794 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): 0.78 Total acid used in treatment (bbl): 0 Number of staged intervals: 6 Recycled water used in treatment (bbl): 26344 Flowback volume recovered (bbl): 9428 Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE Total proppant used (lbs): 880300 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/30/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 941 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 941 Bbl H2O: 0 GOR: 0 Test Method: Flowing Casing PSI: 1910 Tubing PSI: 1621 Choke Size: 11/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1126 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7543 Tbg setting date: 10/31/2012 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:

- All flowback water entries are total estimates based on commingled volumes.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Sandra Salazar

Title: Permit Technician II Date: 1/25/2013 Email sandra.salazar@wpenergy.com
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Attachment Check List

Att Doc Num	Name
400374538	FORM 5A SUBMITTED
400374549	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	off hold; oper. sub. frac pressure.	1/28/2013 2:12:47 PM
Permit	req'd max. pressure during frac	1/28/2013 11:07:20 AM

Total: 2 comment(s)