

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:

400377989

Date Received:

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 05-045-21127-00
6. County: GARFIELD
7. Well Name: Bosely
Well Number: SG 442-23
8. Location: QtrQtr: LOT3 Section: 23 Township: 7S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

Status: PRODUCING

Treatment Type: FRACTURE
STIMULATION

End Date: 12/27/2012

Date of First Production this formation: 12/22/2012

Bottom: 5832

Hole size: 35/100

Open Hole:

*All flowback water entries are total estimates based on comingled volumes.

☒ Yes ☐ No

Max pressure during treatment (psi): 1443

Fluid density at initial fracture (lbs/gal): 8.43

Min frac gradient (psi/ft): 0.59

Number of staged intervals: 5

Flowback volume recovered (bbl):

Disposition method for flowback: RECYCLE

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: 24

Mcf Gas: 1209

Bbl H2O: 0

Mcf Gas: 1209

GOR: 0

Casing PSI: 1419

Choke Size: 13/64

Gas Type: DRY

API Gravity Oil: 0

Tubing Setting Depth: 5696

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 comingled volumes.

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

Print Name: Angela Neifert-Kraiser

Date:

Email angela.neifert-kraiser@wpxenergy.com

Attachment Check List

Att Doc Num	Name
400378212	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)