

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400393216

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 4. Contact Name: Matt Barber
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4385
3. Address: 1001 17TH STREET - SUITE #1200 City: DENVER State: CO Zip: 80202 Fax: (303) 629-8268

5. API Number 05-045-21713-00 6. County: GARFIELD
7. Well Name: WPX Energy Well Number: GM 331-12
8. Location: QtrQtr: SESE Section: 1 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: 01/10/2013 End Date: 01/16/2013 Date of First Production this formation: 01/13/2013
Perforations Top: 5329 Bottom: 6525 No. Holes: 91 Hole size: 35/100

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

652,094# 40/70 Sand; 17,104 BBLs SLICKWATER

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

Total fluid used in treatment (bbl): 17104 Max pressure during treatment (psi): 5751
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): 0.62
Total acid used in treatment (bbl): Number of staged intervals: 4
Recycled water used in treatment (bbl): 17104 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE
Total proppant used (lbs): 652094 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: 02/28/2013 Hours: 24 Bbl oil: Mcf Gas: 1027 Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: 1027 Bbl H2O: GOR:
Test Method: Flowing Casing PSI: 1535 Tubing PSI: 1393 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1106 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6328 Tbg setting date: 01/29/2013 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:

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

Signed: _____ Print Name: Matt Barber

Title: Sr. Regulatory Specialist Date: _____ Email: matt.barber@wpenergy.com
:

Attachment Check List

Att Doc Num	Name
400393262	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)