

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: 400270306

Date Received: 04/10/2012

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 4. Contact Name: Julie Lawson  
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 260-4533  
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-20476-00 6. County: GARFIELD  
 7. Well Name: ExxonMobil Well Number: GM 423-23  
 8. Location: QtrQtr: NWSW Section: 23 Township: 6S Range: 96W Meridian: 6  
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: \_\_\_\_\_

Treatment Date: 12/07/2011 End Date: \_\_\_\_\_ Date of First Production this formation: 12/27/2011

Perforations Top: 6117 Bottom: 7548 No. Holes: 80 Hole size: 0.35

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

3038 gal 7.5% HCL; 722200# 30/50 Sand; 19920 BBL's Slickwater (Summary).

This formation is commingled with another formation:  Yes  No

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

Reason why green completion not utilized: \_\_\_\_\_

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/22/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 887 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 867 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 636 Tubing PSI: 392 Choke Size: 13/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1057 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7367 Tbg setting date: 01/26/2012 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:

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

Signed: \_\_\_\_\_ Print Name: Julie Lawson

Title: Permit Tech II Date: 4/10/2012 Email julie.lawson@wpenergy.com  
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### Attachment Check List

Att Doc Num	Name
400270306	FORM 5A SUBMITTED
400270312	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Input 24 hour gas flow based on test data.	6/14/2012 11:05:09 AM

Total: 1 comment(s)