

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2287172

Date Received:

01/25/2012

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

5. API Number 05-045-19485-00 6. County: GARFIELD
 7. Well Name: Federal Well Number: KP 333-18
 8. Location: QtrQtr: NWSE Section: 18 Township: 6S Range: 91W Meridian: 6
 9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 08/15/2011 Date of First Production this formation: 08/19/2011

Perforations Top: 6862 Bottom: 6925 No. Holes: 19 Hole size: 35/100

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

500 GALS 7.5% HCL; 124,273# OF 20/40 SAND; 5,063 BBLS SLICKWATER.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 08/15/2011 Date of First Production this formation: 08/19/2011

Perforations Top: 4753 Bottom: 6839 No. Holes: 220 Hole size: 35/100

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

4,491 GALS 7.5% HCL; 1,200,091# OF 20/40 SAND; 92,713 BBLs SLICKWATER.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

FORMATION: WILLIAMS FK-ROLLINS-CAMEO Status: COMMINGLED

Treatment Date: 08/15/2011 Date of First Production this formation: 08/19/2011

Perforations Top: 4753 Bottom: 6925 No. Holes: 239 Hole size: 35/100

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

4,991 GALS 7.5% HCL; 1,324,364 # OF 20/40 SAND; 97,776 BBLs SLICKWATER (SUMMARY).

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/17/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1965 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1965 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1101 Tubing PSI: 660 Choke Size: 13/60

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1168 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5900 Tbg setting date: 08/19/2011 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: _____

Comment: _____
FORM 5 DOC#2287169

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: 12/30/2011 Email: MATT.BARBER@WILLIAMS.COM

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2287172	FORM 5A SUBMITTED
2287173	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)