

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:

2063991

Date Received:

03/01/2012

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  
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 05-045-17550-00  
6. County: GARFIELD  
7. Well Name: BUXTON  
Well Number: RWF 522-30  
8. Location: QtrQtr: NESW Section: 30 Township: 6S Range: 94W Meridian: 6  
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
Treatment Date: 09/12/2009 Date of First Production this formation: 09/18/2009  
Perforations Top: 5620 Bottom: 7793 No. Holes: 161 Hole size: 35/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
3967 GALS 7 1/2% HCL; 635900# 20/40 SAND; 23903 BBLS SLICKWATER (SUMMARY)  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 10/31/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 1220 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1220 Bbls H2O: 0 GOR: 0  
Test Method: FLOWING Casing PSI: 2232 Tubing PSI: 2158 Choke Size: 10/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1073 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7514 Tbg setting date: 10/13/2009 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:

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 Date: 2/27/2012 Email SANDRA.SALAZAR@WILLIAMS.COM

### Attachment Check List

Att Doc Num	Name
2063991	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	on hold; submitted to correct producing fm.	3/13/2012 1:42:51 PM

Total: 1 comment(s)