

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



Table with columns DE, ET, OE, ES

Document Number: 400265822

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: Julie Lawson
Phone: (303) 260-4533
Fax: (303) 629-8268

5. API Number 05-045-20681-00
6. County: GARFIELD
7. Well Name: Bosely
Well Number: SG 344-22
8. Location: QtrQtr: SWSW Section: 23 Township: 7S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 02/06/2012 Date of First Production this formation: 02/05/2012

Perforations Top: 3915 Bottom: 5199 No. Holes: 110 Hole size: 0.35

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

2468 gal 7.5% HCL; 929100# 30/50 Sand; 18972 BBLs Slickwater (Summary).

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

Test Information:

Date: 02/22/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1210 Bbls H2O: 0

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

Test Method: flowing Casing PSI: 1111 Tubing PSI: 928 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1044 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4965 Tbg setting date: 02/16/2012 Packer Depth:

Reason for Non-Production:

[]

Date formation Abandoned: Squeeze: [] Yes [X] 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: Julie Lawson

Title: Permit Tech II Date: Email julie.lawson@wpxenergy.com

Attachment Check List

Att Doc Num	Name
400265825	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)