

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:

400266206

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 05-045-20278-00  
6. County: GARFIELD  
7. Well Name: Bosely  
Well Number: SG 23-35  
8. Location: QtrQtr: NWSW Section: 35 Township: 7S Range: 96W Meridian: 6  
9. Field Name: GRAND VALLEY Field Code: 31290

**Completed Interval**

|                                                                                                                          |                                                                       |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| FORMATION: <u>WILLIAMS FORK - CAMEO</u>                                                                                  | Status: <u>PRODUCING</u>                                              |
| Treatment Date: <u>01/20/2012</u>                                                                                        | Date of First Production this formation: <u>01/25/2012</u>            |
| Perforations Top: <u>4165</u> Bottom: <u>5246</u>                                                                        | No. Holes: <u>81</u> Hole size: <u>0.35</u>                           |
| Provide a brief summary of the formation treatment:                                                                      | Open Hole: <input type="checkbox"/>                                   |
| <u>1000 gal 7.5% HCL; 317788# 30/50 Sand; 16036 BBLs Slickwater (Summary).</u>                                           |                                                                       |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                       |
| <b>Test Information:</b>                                                                                                 |                                                                       |
| Date: <u>02/14/2012</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>476</u> Bbls H2O: <u>0</u>                       |                                                                       |
| Calculated 24 hour rate:                                                                                                 | Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: <u>0</u> |
| Test Method: <u>flowing</u> Casing PSI: <u>816</u> Tubing PSI: <u>630</u> Choke Size: <u>18/64</u>                       |                                                                       |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1041</u> API Gravity Oil: <u>0</u>                         |                                                                       |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>5042</u> Tbg setting date: <u>02/03/2012</u> Packer Depth: <u></u>  |                                                                       |
| Reason for Non-Production:                                                                                               |                                                                       |
| <u></u>                                                                                                                  |                                                                       |
| Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No           | If yes, number of sacks cmt <u></u>                                   |
| Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>                                                                  |                                                                       |

Comment:

Surface Pressure=78

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             |
|-------------|------------------|
| 400266212   | WELLBORE DIAGRAM |

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)