

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400264463

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

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 05-045-20473-00

6. County: GARFIELD

7. Well Name: ExxonMobil

Well Number: GM 12-23

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 Date: 12/13/2011

Date of First Production this formation: 12/29/2011

Perforations Top: 6292 Bottom: 7944 No. Holes: 107 Hole size: 0.35

Provide a brief summary of the formation treatment:

Open Hole: ☐

3,000 gals of 7.5% HCL; 489,420# OF 30/50 Sand; 93,567 Bbls Slickwater (summary)

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 03/07/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 970 Bbls H2O: 0

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

Test Method: Flowing Casing PSI: 2288 Tubing PSI: 1905 Choke Size: 13/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1013 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7753 Tbg setting date: 02/25/2012 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:

Comment:

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:

Email: matt.barber@wpxenergy.com

### Attachment Check List

Att Doc Num	Name
400264490	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)