

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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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: Angela Neifert-Kraiser  
Phone: (303) 606-4398  
Fax: \_\_\_\_\_

5. API Number 05-045-20483-00  
6. County: GARFIELD  
7. Well Name: ExxonMobil Well Number: GM 334-23  
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: 12/09/2011 Date of First Production this formation: 02/07/2012

Perforations Top: 6380 Bottom: 7756 No. Holes: 113 Hole size: 0.35

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

3897 Gals 7 1/2% HCL;11198800# 30/50 Sand; 70307 Bbls Slickwater;(Summary)

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

**Test Information:**

Date: 02/29/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1336 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1336 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 2037 Tubing PSI: 1799 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1063 API Gravity Oil: 0

Tubing Size: 2 + 2/8 Tubing Setting Depth: 7594 Tbg setting date: 01/25/2012 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: Angela Neifert-Kraiser

Title: Regulatory Specialist Date: \_\_\_\_\_ Email angela.neifert-kraiser@wpxenergy.com

### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

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

Total: 0 comment(s)