

**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:

400266846

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 Baber

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 05-045-19433-00

6. County: GARFIELD

7. Well Name: Puckett

Well Number: GM 444-31

8. Location: QtrQtr: NWSE Section: 31 Township: 6S Range: 96W Meridian: 6

9. Field Name: GRAND VALLEY Field Code: 31290

### Completed Interval

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Date: 02/22/2011

Date of First Production this formation: 02/25/2011

Perforations	Top: 5800	Bottom: 7019	No. Holes: 99	Hole size: 0.35
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Provide a brief summary of the formation treatment:

Open Hole: 

2500 Gals 7.5% HCL; 839,226# 30/50 Sand; 23,005 Bbls. Slickwater (Summary)

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

**Test Information:**

Date:	06/03/2011	Hours:	24	Bbbs oil:		Mcf Gas:	968	Bbbs H2O:	
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	0	Bbls H2O:	0	GOR:	0
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Test Method: Flowing	Casing PSI: 1413	Tubing PSI: 1000	Choke Size: 0.35
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1036	API Gravity Oil:
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Tubing Size: 2 + 3/8      Tubing Setting Depth: 6772      Tbg setting date: 05/23/2011      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
400266921	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)