

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:

400268670

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 05-045-20509-00
6. County: GARFIELD
7. Well Name: Bosely
Well Number: SG 413-23
8. Location: QtrQtr: NWSW 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: 02/24/2012 Date of First Production this formation: 02/28/2012
Perforations Top: 3992 Bottom: 5177 No. Holes: 106 Hole size: 0.35
Provide a brief summary of the formation treatment: Open Hole: ☐
562653# 40/70 Sand; 12605 BBLs Slickwater (Summary).
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 03/12/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1091 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 1099 Tubing PSI: 967 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1075 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4992 Tbg setting date: 03/06/2012 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: Julie Lawson

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

Attachment Check List

Att Doc Num	Name
400268681	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)