

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:

400269031

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) 62-8268

5. API Number 05-045-20493-00
6. County: GARFIELD
7. Well Name: Bosely Well Number: SG 13-23
8. Location: QtrQtr: NESW Section: 23 Township: 7S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>02/24/2012</u>	Date of First Production this formation: <u>02/28/2012</u>
Perforations Top: <u>4002</u> Bottom: <u>5173</u>	No. Holes: <u>111</u> Hole size: <u>0.35</u>
Provide a brief summary of the formation treatment: <u>877538# 40/70 Sand; 19161 BBLs Slickwater (Summary).</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>03/13/2012</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>992</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>1257</u> Tubing PSI: <u>1000</u> Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1075</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>5009</u> Tbg setting date: <u>03/05/2012</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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
400269035	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)