

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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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: Angela Neifert-Kraiser  
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4398  
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-20217-00 6. County: GARFIELD  
 7. Well Name: ExxonMobil Well Number: GM 422-26  
 8. Location: QtrQtr: LOT1 Section: 27 Township: 6S Range: 96W Meridian: 6  
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 10/25/2011 Date of First Production this formation: 10/30/2011

Perforations Top: 6440 Bottom: 8201 No. Holes: 107 Hole size: 0.35

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

2031 Gals 7 1/2% HCL; 1063995# 30/50 Sand; 28435 Bbls Slickwater;(Summary)

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 03/31/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1031 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 1031 Bbls H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 1001 Tubing PSI: 806 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1069 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8005 Tbg setting date: 11/11/2011 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: angela neifert-kraiser

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

### Attachment Check List

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