

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:

400270306

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 05-045-20476-00
6. County: GARFIELD
7. Well Name: ExxonMobil
Well Number: GM 423-23
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: 12/07/2011 Date of First Production this formation: 12/28/2011
Perforations Top: 6117 Bottom: 7548 No. Holes: 80 Hole size: 0.35
Provide a brief summary of the formation treatment: Open Hole: ☐
3038 gal 7.5% HCL; 722200# 30/50 Sand; 19920 BBL's Slickwater (Summary).
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 02/22/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 887 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 636 Tubing PSI: 392 Choke Size: 13/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1057 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7367 Tbg setting date: 01/26/2012 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
400270312	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)