

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns: DE, ET, OE, ES

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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: ANGELA J. NEIFERT-KRAISER
Phone: (303) 606-4398
Fax: (303) 629-8285

5. API Number 05-045-19595-00
6. County: GARFIELD
7. Well Name: Federal Well Number: PA 311-21
8. Location: QtrQtr: SENW Section: 21 Township: 6S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 06/26/2011 Date of First Production this formation: 06/28/2011
Perforations Top: 6856 Bottom: 8872 No. Holes: 154 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: [ ]
3500 GALS 7.5% HCL; 880048# OF 40/70 SAND; 25415 BBLs SLICKWATER (SUMMARY).
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 08/31/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 669 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 669 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 714 Tubing PSI: 350 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1080 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8568 Tbg setting date: 07/15/2011 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: FORM 5 DOC#2287594

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Print Name: ANGELA J. NEIFERT-KRAISER
Title: REGULATORY Date: 2/24/2012 Email: ANGELA.NEIFERT-

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2287592	FORM 5A SUBMITTED
2287593	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	NOTE: OPERATOR OMITTED SIGNATURE AND DATE.	3/14/2012 3:19:48 PM

Total: 1 comment(s)