

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:  
400275554

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: Julie Lawson  
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 260-4533  
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-20165-00 6. County: GARFIELD  
 7. Well Name: T & T and Assoc. LTD Well Number: PA 522-7  
 8. Location: QtrQtr: LOT2 Section: 7 Township: 7S Range: 95W Meridian: 6  
 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
 Treatment Date: 09/25/2011 Date of First Production this formation: 09/28/2011  
 Perforations Top: 4504 Bottom: 6992 No. Holes: 144 Hole size: 0.35  
 Provide a brief summary of the formation treatment: Open Hole:   
3498 gal 7.5% HCL; 502401# 30/50 Sand; 384700# 100 Mesh Sand; 23771 BBL's Slickwater (Summary).  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 10/22/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 930 Bbls H2O: 0  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0  
 Test Method: Flowing Casing PSI: 1032 Tubing PSI: 1002 Choke Size: 11/64  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1041 API Gravity Oil: 0  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6151 Tbg setting date: 10/06/2011 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: Julie Lawson  
 Title: Permitting Tech II Date: \_\_\_\_\_ Email julie.lawson@wpxenergy.com

### Attachment Check List

Att Doc Num	Name
400275568	WELLBORE DIAGRAM

Total Attach: 1 Files

#### General Comments

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

Total: 0 comment(s)