

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



Table with 4 columns: DE, ET, OE, ES

Document Number: 2287627

Date Received: 02/24/2012

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 05-045-19394-00
6. County: GARFIELD
7. Well Name: Federal Well Number: PA 422-29
8. Location: QtrQtr: SENE Section: 29 Township: 6S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 08/05/2011 Date of First Production this formation: 08/06/2011
Perforations Top: 6083 Bottom: 8278 No. Holes: 186 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: []
4002 GALS 7.5% HCL; 1004570# OF 40/70 SAND; 27796 BBLs SLICKWATER (SUMMARY).
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 10/31/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1143 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1143 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1328 Tubing PSI: 1068 Choke Size: 13/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1080 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8078 Tbg setting date: 08/23/2011 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# 2287629

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: 2/6/2012 Email: ANGELA.NEIFERT-

Attachment Check List

Att Doc Num	Name
2287627	FORM 5A SUBMITTED
2287628	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)