

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:

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 ☒ 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)