

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2287622

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

4. Contact Name: ANGELA J. NEIFERT-KRAISER

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 606-4398

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8285

City: DENVER State: CO Zip: 80202

5. API Number 05-045-20155-00

6. County: GARFIELD

7. Well Name: T & T and Assoc. LTD

Well Number: PA 542-7

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: 09/19/2011

Date of First Production this formation: 09/21/2011

Perforations Top: 4893 Bottom: 6665 No. Holes: 142 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

3513 GALS 7.5% HCL; 841300 # OF 30/50 SAND; 22681 BBLS SLICKWATER (SUMMARY).

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 10/31/2011 Hours: 24 Bbls oil: Mcf Gas: 1167 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1922 Tubing PSI: 1764 Choke Size: 11/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 10150 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6506 Tbg setting date: 09/28/2011 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# 2287624

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
2287622	FORM 5A SUBMITTED
2287623	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)