

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:

400277266

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  
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: Julie Lawson  
Phone: (303) 260-4533  
Fax: (303) 629-8268

5. API Number 05-045-20249-00  
6. County: GARFIELD  
7. Well Name: Federal  
Well Number: PA 524-20  
8. Location: QtrQtr: LOT8 Section: 20 Township: 6S Range: 95W Meridian: 6  
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO	Status: PRODUCING
Treatment Date: 01/27/2012	Date of First Production this formation: 02/12/2012
Perforations Top: 6402 Bottom: 8502	No. Holes: 151 Hole size: 0.35
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
3658 gal 7.5% HCL; 910000# 40/70 Sand; 42078 BBLs Slickwater (summary).	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: 04/05/2012 Hours: 24	Bbls oil: 0 Mcf Gas: 1417 Bbls H2O: 0
Calculated 24 hour rate:	Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
Test Method: Flowing	Casing PSI: 2473 Tubing PSI: 2132 Choke Size: 11/64
Gas Disposition: SOLD	Gas Type: DRY BTU Gas: 1059 API Gravity Oil: 0
Tubing Size: 2 + 3/8	Tubing Setting Depth: 8275 Tbg setting date: 03/01/2012 Packer Depth:
Reason for Non-Production:	
Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Permit Tech II Date: Email julie.lawson@wpxenergy.com

### Attachment Check List

Att Doc Num	Name
400277277	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)