

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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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: Sandra Salazar
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 629-8456
3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
City: DENVER State: CO Zip: 80202

5. API Number 05-045-20149-00 6. County: GARFIELD
7. Well Name: Clough Well Number: RWF 413-14
8. Location: QtrQtr: LOT6 Section: 14 Township: 6S Range: 94W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 06/28/2011 Date of First Production this formation: 07/01/2011

Perforations Top: 6716 Bottom: 8524 No. Holes: 128 Hole size: 0.35

Provide a brief summary of the formation treatment: Open Hole: ☐

4074 Gals 7 1/2% HCL; 1737791 # 20/40 Sand; 167561 Bbls Slickwater (Summary)

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

Test Information:

Date: 09/30/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 976 Bbls H2O: 0

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

Test Method: Flowing Casing PSI: 1585 Tubing PSI: 1189 Choke Size: 11/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1016 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8313 Tbg setting date: 08/22/2011 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: Sandra Salazar

Title: Permit Technician II Date: Email: Sandra.Salazar@wpxenergy.com

Attachment Check List

Att Doc Num	Name
400280233	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)