

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:

2287552

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 05-045-19907-00

6. County: GARFIELD

7. Well Name: ExxonMobil

Well Number: GM 41-34

8. Location: QtrQtr: NWNE Section: 34 Township: 6S Range: 96W Meridian: 6

9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 07/07/2010 Date of First Production this formation: 07/10/2011

Perforations Top: 5727 Bottom: 7437 No. Holes: 132 Hole size: 35/100

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

998 GALS 7 1/2% HCL; 1165200# 30/50 SAND; 30643 BBLS SLICKWATER; (SUMMARY)

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

**Test Information:**

Date: 08/31/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1137 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1137 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1463 Tubing PSI: 1240 Choke Size: 13/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1073 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7093 Tbg setting date: 07/22/2011 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:

FORM 5 DOC # 2287554

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: 1/18/2012 Email ANGELA.NEIFERT-

### Attachment Check List

Att Doc Num	Name
2287552	FORM 5A SUBMITTED
2287553	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)