

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:

2287900

Date Received:

03/12/2012

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: MATT BARBER  
Phone: (303) 606-4385  
Fax: (303) 629-8268

5. API Number 05-045-20150-00  
6. County: GARFIELD  
7. Well Name: T & T and Assoc. LTD  
Well Number: PA 342-7  
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: 08/02/2011 Date of First Production this formation: 08/07/2011  
Perforations Top: 5487 Bottom: 7222 No. Holes: 128 Hole size: 35/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
2974 GALS 7 1/2% HCL; 826,132# 40/70 SAND; 21,976 BBLS SLICKWATER (SUMMARY).  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 10/10/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1263 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1263 Bbls H2O: 0 GOR: 0  
Test Method: FLOWING Casing PSI: 1727 Tubing PSI: 1550 Choke Size: 13/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1063 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7051 Tbg setting date: 09/16/2011 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 # 2287897

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed:  Print Name: MATT BARBER

Title: SR. REGULATORY SPECIALIST Date: 2/12/2012 Email: MATT.BARBER@WILLIAMS.COM

### Attachment Check List

Att Doc Num	Name
2287900	FORM 5A SUBMITTED
2287901	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)