

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



Table with 4 columns: DE, ET, OE, ES

Document Number: 400282277

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: Sandra Salazar
Phone: (303) 629-8456
Fax: (303) 629-8268

5. API Number 05-045-20148-00
6. County: GARFIELD
7. Well Name: Clough
Well Number: RWF 323-14
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: 5336 Bottom: 8308 No. Holes: 169 Hole size: 35
Provide a brief summary of the formation treatment: Open Hole: []
4022 Gals 7 1/2% HCL; 1589366 # 20/40 Sand; 66013 Bbls Slickwater (Summary)
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 09/30/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1083 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 2084 Tubing PSI: 1715 Choke Size: 11/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1060 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8010 Tbg setting date: 08/24/2011 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
400282288	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)