

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: 400284918

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: angela neifert-krasier
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4398
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: _____
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-20228-00 6. County: GARFIELD
 7. Well Name: ExxonMobil Well Number: GM 534-22
 8. Location: QtrQtr: LOT1 Section: 27 Township: 6S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 10/22/2011 Date of First Production this formation: 10/23/2011

Perforations Top: 6105 Bottom: 7814 No. Holes: 117 Hole size: _____

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

2024 Gals 7 1/2% HCL; 1098900# 30/50 Sand; 47764 Bbls Slickwater;(Summary)

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/30/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1313 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1313 Bbls H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 2134 Tubing PSI: 1808 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1054 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7669 Tbg setting date: 11/16/2011 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: _____

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

Signed: _____ Print Name: angela neifert-krasier

Title: regulatory specialist Date: _____ Email angela.neifert-krasier@wpenergy.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)