

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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

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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
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 Neifert-Kraiser
Phone: (303) 606-4398
Fax:

5. API Number 05-045-20154-00
6. County: GARFIELD
7. Well Name: T & T and Assoc. LTD
Well Number: PA 432-7
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: 09/19/2011 Date of First Production this formation: 09/20/2011
Perforations Top: 4905 Bottom: 6633 No. Holes: 131 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
3009 Gals 7 1/2% HCL; 789900# 30/50 Sand; 18548 Bbls Slickwater;(Summary)
This formation is commingled with another formation: Yes No
Test Information:
Date: 11/30/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1325 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1325 Bbls H2O: 0 GOR: 0
Test Method: flowing Casing PSI: 1793 Tubing PSI: 1667 Choke Size: 11/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1061 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6474 Tbg setting date: 09/29/2011 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-Kraiser
Title: Regulatory Specialist Date: Email: Angela.Neifert-Kraiser@wpxenergy.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)