

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:

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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: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>09/19/2011</u>	Date of First Production this formation: <u>09/20/2011</u>
Perforations Top: <u>4905</u> Bottom: <u>6633</u>	No. Holes: <u>131</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>3009 Gals 7 1/2% HCL; 789900# 30/50 Sand; 18548 Bbls Slickwater;(Summary)</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>11/30/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1325</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>1325</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>flowing</u> Casing PSI: <u>1793</u> Tubing PSI: <u>1667</u> Choke Size: <u>11/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1061</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6474</u> Tbg setting date: <u>09/29/2011</u> Packer Depth: _____	
Reason for Non-Production: _____ _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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)