

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



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Document Number:
400288748

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: Matt Barber
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4385
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8285
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-19434-00 6. County: GARFIELD
 7. Well Name: Puckett Well Number: GM 44-31
 8. Location: QtrQtr: NWSE Section: 31 Township: 6S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
 Treatment Date: 01/24/2011 Date of First Production this formation: 01/27/2011
 Perforations Top: 5403 Bottom: 6928 No. Holes: 133 Hole size: 0.35
 Provide a brief summary of the formation treatment: 3006 gals 7.5% HCL; 827,072# 30/50 SAND; 27,511 Bbls Slickwater (Summary)
 Open Hole:
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/24/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
 Test Method: Flowing Casing PSI: 1334 Tubing PSI: 1133 Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1054 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6707 Tbg setting date: 05/18/2011 Packer Depth: 0
 Reason for Non-Production:
 Date formation Abandoned: 05/24/2011 Squeeze: Yes No If yes, number of sacks cmt 0
 Bridge Plug Depth: 0 Sacks cement on top: 0

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Signed: Matt Barber Print Name: Matt Barber
 Title: Sr. Regulatory Specialist Date: 05/24/2012 Email matt.barber@wpxenergy.com

Attachment Check List

| Att Doc Num | Name |
|-------------|------------------|
| 400288802 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)