

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:

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

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

Comment:

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

Signed: _____ Print Name: Matt Barber

Title: Sr. Regulatory Specialist Date: _____ 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> |
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| | | |

Total: 0 comment(s)