

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

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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 05-045-19738-00  
6. County: GARFIELD  
7. Well Name: ExxonMobil  
Well Number: GM 422-27  
8. Location: QtrQtr: SESW 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: 07/21/2011 Date of First Production this formation: 07/24/2011  
Perforations Top: 5661 Bottom: 7452 No. Holes: 164 Hole size:  
Provide a brief summary of the formation treatment: Open Hole: ☐  
3818 Gals 7 1/2% HCL; 919762# 30/50 Sand; 25654 Bbls Slickwater;(Summary)  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 08/01/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1098 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1098 Bbls H2O: 0 GOR: 0  
Test Method: flowing Casing PSI: 1527 Tubing PSI: 1262 Choke Size: 16/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1074 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7253 Tbg setting date: 08/01/2011 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)