

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES

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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, reoperation 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: Angela Neifert-Kraiser
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4398
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8272
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-20264-00 6. County: GARFIELD
 7. Well Name: Jolley Well Number: KP 423-21
 8. Location: QtrQtr: NWSE Section: 21 Township: 6S Range: 91W Meridian: 6
 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/14/2012 End Date: 11/17/2011 Date of First Production this formation: 11/28/2011

Perforations Top: 5745 Bottom: 7980 No. Holes: 175 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

3500 Gals 7 1/2% HCL; 1040701# 20/40 Sand; 34780 Bbls Slickwater; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 38280 Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____ Number of staged intervals: 8

Total acid used in treatment (bbl): 3500 Max frac gradient (psi/ft): 0.60

Recycled water used in treatment (bbl): 34780 Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1040701 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/05/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 540 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 540 Bbl H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 436 Tubing PSI: 156 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1182 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6384 Tbg setting date: 12/08/2011 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:

Please note: the "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.

*All flowback water entries are total estimates based on comingled volumes.

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

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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)