

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 2331913 Date Received: 03/21/2012

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: ANGELA NEIFERT-KRAISER 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4398 3. Address: 1001 17TH STREET - SUITE #1200 City: DENVER State: CO Zip: 80202 Fax: (303) 629-8285

5. API Number 05-045-18308-00 6. County: GARFIELD 7. Well Name: Mahaffey Well Number: PA 444-25 8. Location: QtrQtr: SESW Section: 25 Township: 6S Range: 95W Meridian: 6 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: Treatment Date: 11/03/2010 End Date: Date of First Production this formation: 11/03/2010 Perforations Top: 5873 Bottom: 7982 No. Holes: 174 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: []

5023 GALS 7 1/2% HCL; 132158# 30/50 SAND; 35399 BBLS SLICKWATER (SUMMARY)

This formation is commingled with another formation: [] Yes [X] No Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Number of staged intervals: Total acid used in treatment (bbl): Max frac gradient (psi/ft): Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/28/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 1005 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1005 Bbl H2O: 0 GOR: 0 Test Method: FLOWING Casing PSI: 1433 Tubing PSI: 1156 Choke Size: 48/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1060 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7625 Tbg setting date: 12/06/2010 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: 10/7/2011 Email ANGELA.NEIFERT-
:

Attachment Check List

Att Doc Num	Name
2331913	FORM 5A SUBMITTED
2331914	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	off hold; form 5 approved.	6/19/2012 8:19:34 AM
Permit	on hold pending approval of form 5	5/18/2012 3:09:05 PM

Total: 2 comment(s)