

FORM
5A
Rev
06/12

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:
2288340

Date Received:
06/08/2011

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: SANDRA SALAZAR
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 629-8456
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8272
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-15693-00 6. County: GARFIELD
 7. Well Name: SAVAGE Well Number: RWF 443-29
 8. Location: QtrQtr: NESE Section: 29 Township: 6S Range: 94W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: _____
 Treatment Date: 12/05/2008 End Date: _____ Date of First Production this formation: 12/07/2008
 Perforations Top: 5390 Bottom: 7506 No. Holes: 153 Hole size: 35/100

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

5759 gal. 7 1/2 % HCl, 1035900 # 20/40 sand, 28464 bbl Slickwater (Summary)

This formation is commingled with another formation: Yes 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: 01/31/2009 Hours: 24 Bbl oil: _____ Mcf Gas: 987 Bbl H2O: _____
 Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
 Test Method: FLOWING Casing PSI: 896 Tubing PSI: 697 Choke Size: 11/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1000 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7722 Tbg setting date: 01/02/2009 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:

FORM 5 DOC#2288337

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

Signed: _____

Print Name: SANDRA SALAZAR

Title: PERMIT TECH

Date: 3/30/2009

Email SANDRA.SALAZAR@WILLIAMS.COM

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Attachment Check List

Att Doc Num	Name
2288340	FORM 5A SUBMITTED
2288341	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	CHECK SUMMARY OF FORMATION TREATMENT - BBLs SLICKWATER. BTU GAS IS REQUIRED FIELD IF MCF GAS IS ENTERED. Asked operator to clarify slickwater volume, dhs 06/14/12. Operator clarified slickwater volume, perf interval. 06/20/12 dhs	5/23/2012 9:45:07 AM

Total: 1 comment(s)