

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: 2288392 Date Received: 04/23/2012

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, 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 City: DENVER State: CO Zip: 80202 Fax: (303) 629-8285

5. API Number 05-045-19597-00 6. County: GARFIELD 7. Well Name: Federal Well Number: PA 511-21 8. Location: QtrQtr: SENW Section: 21 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: 06/26/2011 End Date: Date of First Production this formation: 06/29/2011 Perforations Top: 6641 Bottom: 8650 No. Holes: 151 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: 3516 GALS 7 1/2% HCL; 854303# 40/70 SAND; 24758 BBLS 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: Max frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: 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: 07/31/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 1003 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1003 Bbl H2O: 0 GOR: 0 Test Method: FLOWING Casing PSI: 1586 Tubing PSI: 1228 Choke Size: 14/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1067 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8350 Tbg setting date: 07/19/2011 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: ** Wireline and Cement Job Summary must be attached.

Comment:

FORM 5 DOC#2288389

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

Date: 1/30/2012

Email: ANGELA.NEIFERT-

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Attachment Check List

Att Doc Num	Name
2288392	FORM 5A SUBMITTED
2288393	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Off hold. Input field name to match form 5.	7/10/2012 7:09:05 AM
Permit	On hold pending form 5 approval	7/3/2012 1:45:41 PM

Total: 2 comment(s)