

FORM
5ARev
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



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Document Number:

2288511

Date Received:

05/07/2012

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: SANDRA SALAZAR
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 629-8456
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-19791-00 6. County: GARFIELD
 7. Well Name: Farris Well Number: RWF 344-31
 8. Location: QtrQtr: SESW Section: 31 Township: 6S Range: 94W Meridian: 6
 9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: _____
 Treatment Date: 10/01/2011 End Date: _____ Date of First Production this formation: 10/04/2011
 Perforations Top: 6344 Bottom: 8292 No. Holes: 166 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

4797 GALS 7 1/2% HCL; 1053353 # 40/70 SAND; 30678 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: 11/30/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 995 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 995 Bbl H2O: 0 GOR: 0
 Test Method: FLOWING Casing PSI: 1665 Tubing PSI: 1442 Choke Size: 11/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1061 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8062 Tbg setting date: 10/21/2011 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# 2288513

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: PERMITTING

Date: 4/16/2012

Email SANDRA.SALAZAR@WILLIAMS.COM

:

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2288511 | FORM 5A SUBMITTED |
| 2288512 | 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. | 7/11/2012 7:55:58 AM |
| Permit | On Hold pending form 5 approval. | 7/9/2012 1:02:48 PM |

Total: 2 comment(s)