

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: 2287557 Date Received: 02/24/2012

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

5. API Number 05-045-19742-00 6. County: GARFIELD 7. Well Name: ExxonMobil Well Number: GM 423-27 8. Location: QtrQtr: SESW Section: 27 Township: 6S Range: 96W Meridian: 6 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

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

Treatment Date: 07/02/2011 End Date: Date of First Production this formation: 07/12/2011 Perforations Top: 5202 Bottom: 6825 No. Holes: 113 Hole size: 35/100

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

892101# 30/50 SAND; 24070 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: 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: 08/31/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 1030 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1030 Bbl H2O: 0 GOR: 0 Test Method: FLOWING Casing PSI: 589 Tubing PSI: 266 Choke Size: 13/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1061 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6582 Tbg setting date: 07/18/2011 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#2287559

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

Signed: \_\_\_\_\_ Print Name: ANGELA J. NEIFERT-KRAISER

Title: REGULATORY Date: 12/6/2011 Email ANGELA.NEIFERT-  
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### **Attachment Check List**

Att Doc Num	Name
2287557	FORM 5A SUBMITTED
2287558	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	form 5 approved.	7/25/2012 8:06:06 AM
Permit	on hold pending approval of form 5	4/23/2012 2:45:43 PM

Total: 2 comment(s)