

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: 2287577

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

5. API Number 05-045-20226-00
6. County: GARFIELD
7. Well Name: ExxonMobil
Well Number: GM 344-22
8. Location: QtrQtr: LOT1 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: 07/29/2011 End Date: Date of First Production this formation: 07/31/2011

Perforations Top: 5910 Bottom: 7565 No. Holes: 109 Hole size: 35/100

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

2453 GALS 7 1/2% HCL; 480300# 30/50 SAND; 41654 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: 10/31/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 1328 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1328 Bbl H2O: 0 GOR: 0

Test Method: FLKOWING Casing PSI: 1930 Tubing PSI: 1660 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1101 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7396 Tbg setting date: 10/04/2011 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 #2287579

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: 1/24/2012 Email ANGELA.NEIFERT-
:

Attachment Check List

Att Doc Num	Name
2287577	FORM 5A SUBMITTED
2287578	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	off hold--approved form 5.	7/25/2012 8:45:35 AM
Permit	On Hold pending form 5.	6/12/2012 10:49:05 AM

Total: 2 comment(s)