

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: DARLENE VICARS
Phone: (303) 606-4342
Fax: (303) 629-8285

5. API Number 05-045-13041-00
6. County: GARFIELD
7. Well Name: PA
Well Number: 522-5
8. Location: QtrQtr: NWNW Section: 5 Township: 7S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

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

Treatment Date: 05/02/2007 End Date: Date of First Production this formation: 05/03/2007

Perforations Top: 5130 Bottom: 6873 No. Holes: 111 Hole size: 35/100

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

3000 GALS 7 1/2% HCL; 666,000# 30/50 SAND; 16,017 BBLs SLICKWATER (SUMMARY).

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Max frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were utilized: []

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/13/2007 Hours: 24 Bbl oil: 0 Mcf Gas: 1653 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1650 Tubing PSI: 1620 Choke Size: 13/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1084 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6206 Tbg setting date: 06/11/2007 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#2288344

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

Signed: _____

Print Name: DARLENE VICARS

Title: PERMIT TECH

Date: 6/13/2007

Email: DARLENE.VICARS@WILLIAMS.COM

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Attachment Check List

Att Doc Num	Name
2288344	FORM 5A SUBMITTED
2288345	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Off Hold input Btu's per operator.	7/31/2012 8:44:38 AM
Permit	On Hold pending form 5 approval.	7/2/2012 9:09:50 AM
Data Entry	BTU GAS ENTRY REQUIRED IF MCF GAS ENTERED.	5/23/2012 9:25:47 AM

Total: 3 comment(s)