

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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400265708

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03/27/2012

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: Julie Lawson
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 260-4533
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-20680-00 6. County: GARFIELD
 7. Well Name: Bosely Well Number: SG 444-22
 8. Location: QtrQtr: SWSW Section: 23 Township: 7S 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: 02/06/2012 End Date: _____ Date of First Production this formation: 02/06/2012

Perforations Top: 3907 Bottom: 5140 No. Holes: 113 Hole size: 0.35

Provide a brief summary of the formation treatment: _____ Open Hole:

2399 Gal 7.5% HCL; 714800# 30/50 Sand; 19576 BBL's 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: 02/22/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 978 Bbl H2O: 0

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

Test Method: flowing Casing PSI: 1111 Tubing PSI: 753 Choke Size: 16/64

Gas Disposition: VENTED Gas Type: DRY Btu Gas: 1024 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4972 Tbg setting date: 02/15/2012 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:

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

Signed: _____ Print Name: Julie Lawson

Title: Permit Tech II Date: 3/27/2012 Email julie.lawson@wpenergy.com

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Attachment Check List

Att Doc Num	Name
400265708	FORM 5A SUBMITTED
400265710	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	off hold;form 5 approved.	7/31/2012 3:57:24 PM
Permit	On Hold. Pending form 5 approval.	6/13/2012 7:51:57 AM

Total: 2 comment(s)