

FORM 5A

Rev 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



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Document Number: 2171081

Date Received: 08/24/2012

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, 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: ANGELA NEIFERT-KRIASER  
 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 05-045-20152-00 6. County: GARFIELD  
 7. Well Name: T & T AND ASSOC. LTD Well Number: PA 541-7  
 8. Location: QtrQtr: LOT2 Section: 7 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: 08/03/2011 End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_  
 Perforations Top: 5420 Bottom: 7145 No. Holes: 137 Hole size: 35/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

3032 GALS 7 1/2% HCL; 839900# 30/50 SAND; 22104 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: 10/31/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 1123 Bbl H2O: \_\_\_\_\_  
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 123 Bbl H2O: 0 GOR: 0  
 Test Method: FLOWING Casing PSI: 1544 Tubing PSI: 1385 Choke Size: 13/64  
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1044 API Gravity Oil: 0  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6981 Tbg setting date: 09/21/2011 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:

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: 2/6/2012 Email ANGELA.NEIFERT-  
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### **Attachment Check List**

Att Doc Num	Name
2171081	FORM 5A SUBMITTED
2171082	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	Oper. submitted form w/ incorrect API#.	8/28/2012 8:16:28 AM

Total: 1 comment(s)