

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: 96705
2. Name of Operator: WPX ENERGY PRODUCTION LLC
3. Address: P O BOX 3102 MS-25-2
City: TULSA State: OK Zip: 74101
4. Contact Name: BEN MITCHELL
Phone: (505) 333-1806
Fax: (505) 333-1805

5. API Number 05-067-07949-00
6. County: LA PLATA
7. Well Name: Bondad 33-10
Well Number: 27
8. Location: QtrQtr: NWNE Section: 12 Township: 33N Range: 10W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: DAKOTA Status: ABANDONED WELLBORE/COMPLETION Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 7297 Bottom: 7559 No. Holes: 48 Hole size: 37/100
Provide a brief summary of the formation treatment: Open Hole:
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: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: WATER PRODUCING ZONE

Date formation Abandoned: 06/12/2012 Squeeze: Yes No If yes, number of sacks cmt

** Bridge Plug Depth: 7227 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: MANCOS Status: ABANDONED WELLBORE/COMPLETION Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 6200 Bottom: 6650 No. Holes: 72 Hole size: 34/100

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

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: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

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

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: WATER PRODUCING ZONE

Date formation Abandoned: 06/13/2012 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 5350 ** Sacks cement on top: 2 ** 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: BEN MITCHELL

Title: REGULATORY Date: 7/5/2012 Email: ben.mitchell@wpenergy.com

Attachment Check List

Att Doc Num	Name
2237295	FORM 5A SUBMITTED
2237296	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Data Entry	CHECK MANCOS FORMATION STATUS	3/3/2012 1:47:31 PM

Total: 1 comment(s)