

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: ANNIE SMITH Phone: (303) 606-4363 Fax: (303) 629-8285

5. API Number 05-045-16239-00 6. County: GARFIELD 7. Well Name: CHEVRON Well Number: TR 11-33-597 8. Location: QtrQtr: NENE Section: 32 Township: 5S Range: 97W Meridian: 6 9. Field Name: Field Code:

Completed Interval

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

Treatment Date: 11/06/2009 End Date: Date of First Production this formation: 12/04/2009

Perforations Top: 6346 Bottom: 8320 No. Holes: 214 Hole size: 36/100

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

7686 GAL 10% HCL ACID, 1031702 # 20/40 SAND, 51663 BBLS SLICKWATER, 232 TONS CO2

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: 12/23/2008 Hours: 24 Bbl oil: 0 Mcf Gas: 1100 Bbl H2O: 0

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

Test Method: FLOWING Casing PSI: 1525 Tubing PSI: 1500 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8221 Tbg setting date: 12/02/2008 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: ANNIE SMITH

Title: ENG TECH Date: 2/8/2011 Email: ANNIE.SMITH@WILLIAMS.COM  
:

### **Attachment Check List**

Att Doc Num	Name
2171503	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
	Originally submitted under wrong api # (045-145-16230).	9/12/2012 9:32:09 AM

Total: 1 comment(s)