

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400283028 Date Received: 05/09/2012

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, 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: Sandra Salazar Phone: (303) 629-8456 Fax: (303) 629-8268

5. API Number 05-045-19780-00 6. County: GARFIELD 7. Well Name: Farris 8. Location: QtrQtr: SESW Section: 31 Township: 6S Range: 94W Meridian: 6 9. Field Name: RULISON Field Code: 75400

Completed Interval

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

Treatment Date: 01/18/2012 End Date: Date of First Production this formation: 01/20/2012 Perforations Top: 6418 Bottom: 8415 No. Holes: 155 Hole size: 0.35

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

4250 Gals 7 1/2%; 976634 # 40/70 Sand; 28533 Bbls Slickwater (Summary)

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: Min 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: 03/31/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1013 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 GOR: 0 Test Method: Flowing Casing PSI: 1530 Tubing PSI: 1289 Choke Size: 11/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1065 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8231 Tbg setting date: 01/27/2012 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: Sandra Salazar

Title: Permit Technician II Date: 5/9/2012 Email sandra.salazar@wpenergy.com

Attachment Check List

Att Doc Num	Name
400283028	FORM 5A SUBMITTED
400283053	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.	9/24/2012 7:52:54 AM
Permit	On Hold. Form 5 has not been submitted. Requested information from operator.	9/20/2012 12:12:40 PM
Permit	On Hold. Form 5 has not been submitted.	6/25/2012 3:11:51 PM

Total: 3 comment(s)