

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: Julie Lawson
Phone: (303) 260-4533
Fax: (303) 629-8268

5. API Number 05-045-21024-00
6. County: GARFIELD
7. Well Name: Patterson
Well Number: SG 413-27
8. Location: QtrQtr: SESW Section: 27 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: 07/02/2012 End Date: 07/06/2012 Date of First Production this formation: 07/02/2012

Perforations Top: 4004 Bottom: 5097 No. Holes: 85 Hole size: 0.35

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

359100# 40/70 Sand; 10911 BBLS of Slickwater.

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 10911 Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: Min frac gradient (psi/ft): 0.65

Total acid used in treatment (bbl): 0 Number of staged intervals:

Recycled water used in treatment (bbl): 10911 Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE

Total proppant used (lbs): 359100 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/31/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 818 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 818 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 791 Tubing PSI: 659 Choke Size: 15/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1075 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4988 Tbg setting date: 07/13/2012 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: 8/16/2012 Email julie.lawson@wpenergy.com
:

Attachment Check List

Att Doc Num	Name
400316526	FORM 5A SUBMITTED
400316528	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)