

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, 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: Julie Lawson
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 260-4533
3. Address: 1001 17TH STREET - SUITE #1200 City: DENVER State: CO Zip: 80202 Fax: (303) 629-8268

5. API Number 05-045-21029-00 6. County: GARFIELD
7. Well Name: Patterson Well Number: SG 334-27
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: 4030 Bottom: 5152 No. Holes: 108 Hole size: 0.35

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

607600# 40/70 Sand; 16333.9 BBLS Slickwater.

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

Total fluid used in treatment (bbl): 16333 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): 0.60
Total acid used in treatment (bbl): 0 Number of staged intervals: 5
Recycled water used in treatment (bbl): 16333 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE
Total proppant used (lbs): 607600 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: 810 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 810 Bbl H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 799 Tubing PSI: 615 Choke Size: 15/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1086 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4921 Tbg setting date: 07/12/2012 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: 8/15/2012 Email julie.lawson@wpenergy.com
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Attachment Check List

Att Doc Num	Name
400316486	FORM 5A SUBMITTED
400316490	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)