

FORM 5A Rev 06/12	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
			Document Number: 400543209 Date Received:				

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: <u>96850</u>	4. Contact Name: <u>GINA RANDOLPH</u>
2. Name of Operator: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Phone: <u>(303) 260-4509</u>
3. Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>(303) 629-8268</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>GINA.RANDOLPH@WPXENERGY.COM</u>

5. API Number <u>05-045-22086-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>WPX Energy</u>	Well Number: <u>RMV 163-4</u>
8. Location: QtrQtr: <u>LOT 2</u> Section: <u>4</u> Township: <u>7S</u> Range: <u>94W</u> Meridian: <u>6</u>	
9. Field Name: <u>RULISON</u> Field Code: <u>75400</u>	

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>12/13/2013</u>	End Date: <u>12/17/2013</u>	Date of First Production this formation: <u>12/14/2013</u>
Perforations Top: <u>6172</u> Bottom: <u>8109</u>	No. Holes: <u>125</u>	Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>

6 STAGES; 1475 Gals 7 1/2% HCL; 658300 # 40/70 Sand; 19014 Bbls Slickwater (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>19049</u>	Max pressure during treatment (psi): <u>6111</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.43</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.81</u>
Total acid used in treatment (bbl): _____	Number of staged intervals: <u>6</u>
Recycled water used in treatment (bbl): <u>19049</u>	Flowback volume recovered (bbl): <u>8095</u>
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>658300</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>01/15/2014</u>	Hours: <u>24</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>772</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>772</u>	Bbl H2O: <u>0</u>	GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1273</u>	Tubing PSI: <u>827</u>	Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1062</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7887</u>	Tbg setting date: <u>12/19/2013</u>	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:

All flowback water entries are total estimates based on commingled volumes.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: GINA RANDOLPH
Title: PERMIT TECH II Date: _____ Email: GINA.RANDOLPH@WPXENERGY.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400543226	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)