

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: 2287932

Date Received: 04/12/2012

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 4. Contact Name: MATT BARBER
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4385
3. Address: 1001 17TH STREET - SUITE #1200 City: DENVER State: CO Zip: 80202 Fax: (303) 629-8268

5. API Number 05-045-20156-00 6. County: GARFIELD
7. Well Name: T & T and Assoc. LTD Well Number: PA 42-7
8. Location: QtrQtr: LOT2 Section: 7 Township: 7S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

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

Treatment Date: 08/16/2011 End Date: Date of First Production this formation: 08/21/2011

Perforations Top: 5445 Bottom: 7231 No. Holes: 138 Hole size: 35/100

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

3063 GALS 7 1/2% HCL; 787,900# 30/50 SAND; 21,261 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: 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: 10/07/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 1366 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1366 Bbl H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1691 Tubing PSI: 1545 Choke Size: 10/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1064 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7058 Tbg setting date: 09/16/2011 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:

FORM 5 DOC #2287934

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

Signed: _____ Print Name: MATT BARBER

Title: SR. REGULATORY SPECIALIST Date: 1/30/2012 Email matt.barber@wpenergy.com
:

Attachment Check List

Att Doc Num	Name
2287932	FORM 5A SUBMITTED
2287933	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.	8/24/2012 3:32:18 PM
Permit	on hold pending approval of form 5	4/27/2012 3:06:14 PM

Total: 2 comment(s)