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



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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: 96850 4. Contact Name: Sandra Salazar								
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC	Phone: (303) 629-8456							
3. Address: 1001 17TH STREET - SUITE #1200	Fax: (303) 629-8268							
City: DENVER State: CO Zip: 80202								
5. API Number 05-045-20459-00	6. County: GARFIELD							
7. Well Name: Savage Well Number: RWF 22-35								
8. Location: QtrQtr: SWNW Section: 35 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: 10/16/2012 End Date: 10/22/2012 D	ate of First Production this formation: 10/18/2012							
Perforations Top: 5683 Bottom: 7768 No. Holes:	128 Hole size: 35/100							
Provide a brief summary of the formation treatment: Open Hole:	X							
0 Gals 7 ½% HCL; 713000 # 30/50 Sand; 167300 100/Mesh; 26343 Bbls Slickwater	er (Summary)							
This formation is commingled with another formation: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$								
Total fluid used in treatment (bbl): 26344 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):0.78							
Total acid used in treatment (bbl): 0	Number of staged intervals:6							
Recycled water used in treatment (bbl): 26344	Flowback volume recovered (bbl): 9428							
Fresh water used in treatment (bbl): Disposition meth								
· · · · · · · · · · · · · · · · · · ·	05 green completion techniques were utilized:							
Reason why green completion not utilized:								
Fracture stimulations must be reported on Frace	Focus.org							
Test Information:								
Date:11/30/2012	cf Gas: 941 Bbl H2O: 0							
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 941 Bb	ol H2O:0 GOR:0							
Test Method: Flowing Casing PSI: 1910 Tubin	ng PSI:1621 Choke Size:11/64							
Gas Disposition: SOLD Gas Type: DRY B	tu Gas:1126 API Gravity Oil:0							
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7543 Tbg setting date:	10/31/2012 Packer Depth:							
Reason for Non-Production:								
Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt								
** Bridge Plug Depth:								
<u> </u>								

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: Sandra Salazar									
	Title: Permit Technician II Date: Email sandra.salazar@wpxenergy.com								
Tide. Terrine	T COTTITICION TH		:	Sandra:Salazar & wpxcrici	gy.com				
Attachment Check List									
	T	Attachment	Check List						
Att Doc Num	Name								
400374549	WELLBORE DIAGR	AM							
Total Attach: 1 Files									
General Comments									
<u>User Group</u>	Comment				Comment Date				
Total: 0 comme	nt(s)								
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Date Run: 1/25/2013 Doc [#400374538] Well Name: Savage RWF 22-35