

FORM  
5A  
Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:  
400080727

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: 66561  
2. Name of Operator: OXY USA INC  
3. Address: PO BOX 27757  
City: HOUSTON State: TX Zip: 77227  
4. Contact Name: Joan Proulx  
Phone: (970) 263.3641  
Fax: (970) 263.3694

5. API Number 05-077-09605-00  
6. County: MESA  
7. Well Name: MCDANIEL  
Well Number: 14-4A  
8. Location: QtrQtr: NENW Section: 14 Township: 9S Range: 94W Meridian: 6

Completed Interval

FORMATION: COZZETTE Status: PRODUCING

Treatment Date: 04/26/2010 Date of First Production this formation: 07/14/2010  
Perforations Top: 7785 Bottom: 7861 No. Holes: 27 Hole size: 035/100

Provide a brief summary of the formation treatment:  Open Hole:   
1 stage of slickwater frac with 3,410 bbls of frac fluid and 111,378 lbs of 30/50 white sand proppant

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 07/15/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 330 Bbls H2O: 133  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 330 Bbls H2O: 133 GOR: 0  
Test Method: Flowing Casing PSI: 1800 Tubing PSI: 1000 Choke Size: 024/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1053 API Gravity Oil: \_\_\_\_\_  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7346 Tbg setting date: 07/12/2010 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: \_\_\_\_\_

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 04/26/2010 Date of First Production this formation: 07/14/2010

Perforations Top: 7948 Bottom: 8056 No. Holes: 24 Hole size: 035/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

1 stage of slickwater frac with 3,005 bbls of frac fluid and 107,022 lbs of 30/50 white sand proppant

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 07/15/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 330 Bbls H2O: 133

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 330 Bbls H2O: 133 GOR: 0

Test Method: Flowing Casing PSI: 1800 Tubing PSI: 1000 Choke Size: 024/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1053 API Gravity Oil: \_\_\_\_\_

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7346 Tbg setting date: 07/12/2010 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: \_\_\_\_\_

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 05/03/2010 Date of First Production this formation: 07/14/2010

Perforations Top: 5918 Bottom: 7311 No. Holes: 126 Hole size: 035/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

6 stages of slickwater frac with 16,214 bbls of frac fluid and 612,743 lbs of 20/40 white sand proppant

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 07/15/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 991 Bbls H2O: 399

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 991 Bbls H2O: 399 GOR: 0

Test Method: Flowing Casing PSI: 1800 Tubing PSI: 1000 Choke Size: 024/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1053 API Gravity Oil: \_\_\_\_\_

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7346 Tbg setting date: 07/12/2010 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: \_\_\_\_\_

Comment: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Print Name: Joan Proulx

Title: Regulatory Analyst

Date: \_\_\_\_\_

Email joan\_proulx@oxy.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_

**Director of COGCC**

Date: \_\_\_\_\_