

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



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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

4. Contact Name: Joan Proulx

2. Name of Operator: OXY USA INC

Phone: (970) 263.3641

3. Address: PO BOX 27757

Fax: (970) 263.3694

City: HOUSTON State: TX Zip: 77227

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: <u>CORCORAN</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>04/26/2010</u>		Date of First Production this formation: <u>07/14/2010</u>			
Perforations	Top: <u>7948</u>	Bottom: <u>8056</u>	No. Holes: <u>24</u>	Hole size: <u>035/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>1 stage of slickwater frac with 3,005 bbls of frac fluid and 107,022 lbs of 30/50 white sand proppant</u>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>07/15/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>330</u>	Bbls H2O: <u>133</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>330</u>	Bbls H2O: <u>133</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1800</u>	Tubing PSI: <u>1000</u>	Choke Size: <u>024/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1053</u>	API Gravity Oil: _____		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7346</u>	Tbg setting date: <u>07/12/2010</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>WILLIAMS FORK - CAMEO</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>05/03/2010</u>		Date of First Production this formation: <u>07/14/2010</u>			
Perforations	Top: <u>5918</u>	Bottom: <u>7311</u>	No. Holes: <u>126</u>	Hole size: <u>035/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>6 stages of slickwater frac with 16,214 bbls of frac fluid and 612,743 lbs of 20/40 white sand proppant</u>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>07/15/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>991</u>	Bbls H2O: <u>399</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>991</u>	Bbls H2O: <u>399</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1800</u>	Tubing PSI: <u>1000</u>	Choke Size: <u>024/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1053</u>	API Gravity Oil: _____		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7346</u>	Tbg setting date: <u>07/12/2010</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

Comment: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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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

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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: _____