

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:

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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 05-077-09595-00 6. County: MESA
7. Well Name: MCDANIEL Well Number: 14-6A
8. Location: QtrQtr: NENW Section: 14 Township: 9S Range: 94W Meridian: 6

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 04/21/2010 Date of First Production this formation: 07/28/2010
Perforations Top: 5797 Bottom: 7224 No. Holes: 147 Hole size: 035/100
Provide a brief summary of the formation treatment: Open Hole: ☐
6 stages of slickwater frac with 19,721 bbls of frac fluid and 787,091 lbs of 30/50 white sand proppant
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 08/03/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1164 Bbls H2O: 235
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1164 Bbls H2O: 235 GOR: 0
Test Method: Flowing Casing PSI: 1050 Tubing PSI: 600 Choke Size: 024/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1063 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6727 Tbg setting date: 07/25/2010 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
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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: _____