

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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COMPLETED INTERVAL REPORT

Document Number:

400084559

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 05-077-09602-00
6. County: MESA
7. Well Name: MCDANIEL
Well Number: 14-5A
8. Location: QtrQtr: NENW Section: 14 Township: 9S Range: 94W Meridian: 6

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 04/22/2010 Date of First Production this formation: 07/26/2010

Perforations Top: 5920 Bottom: 7278 No. Holes: 126 Hole size: 035/100

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

6 stages of slickwater frac with 16,801 bbls of frac fluid and 667,538 lbs of 30/50 white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/02/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1305 Bbls H2O: 217

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1305 Bbls H2O: 217 GOR: 0

Test Method: Flowing Casing PSI: 1250 Tubing PSI: 775 Choke Size: 024/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1065 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6817 Tbg setting date: 07/21/2010 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: _____