

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:

400080360

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 05-077-09601-00 6. County: MESA
7. Well Name: MCDANIEL Well Number: 14-3C
8. Location: QtrQtr: NENW Section: 14 Township: 9S Range: 94W Meridian: 6

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: _____
Perforations Top: 5743 Bottom: 7133 No. Holes: 150 Hole size: 035/100

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

6 stages of slickwater frac with 16,777 bbls of frac fluid and 641,447 lbs of 30/50 white sand proppant

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 06/07/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1387 Bbls H2O: 140
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1387 Bbls H2O: 140 GOR: 0
Test Method: Flowing Casing PSI: 1000 Tubing PSI: 650 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1063 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6662 Tbg setting date: 06/28/2010 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: 7/28/2010 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. *David S. Neslin*

COGCC Approved: _____ Director of COGCC Date: 9/20/2010

Attachment Check List

Att Doc Num	Name	Doc Description
400080360	FORM 5A SUBMITTED	LF@2515631 400080360

Total Attach: 1 Files