

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

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 05-077-09598-00  
6. County: MESA  
7. Well Name: MCDANIEL  
Well Number: 15-1C  
8. Location: QtrQtr: NENW Section: 14 Township: 9S Range: 94W Meridian: 6

Completed Interval

FORMATION: COZZETTE Status: PRODUCING  
Treatment Date: 05/05/2010 Date of First Production this formation: 07/12/2010  
Perforations Top: 8149 Bottom: 8212 No. Holes: 24 Hole size: 035/100  
Provide a brief summary of the formation treatment: Open Hole:   
1 stage of slickwater frac with 2,814 bbls of frac fluid and 102,600 lbs of proppant  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 07/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 219 Bbls H2O: 73  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 219 Bbls H2O: 73 GOR: 0  
Test Method: Flowing Casing PSI: 1400 Tubing PSI: 625 Choke Size: 024/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1082 API Gravity Oil:  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7692 Tbg setting date: 07/07/2010 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: 04/28/2010 Date of First Production this formation: 07/12/2010

Perforations Top: 8320 Bottom: 8440 No. Holes: 21 Hole size: 035/100

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

1 stage of slickwater frac with 4,976 bbls of frac fluid and 174,184 lbs of proppant

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 07/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 219 Bbls H2O: 73

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 219 Bbls H2O: 73 GOR: 0

Test Method: Flowing Casing PSI: 1400 Tubing PSI: 625 Choke Size: 024/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1082 API Gravity Oil: \_\_\_\_\_

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7692 Tbg setting date: 07/07/2010 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: 05/07/2010 Date of First Production this formation: 07/12/2010

Perforations Top: 6225 Bottom: 7084 No. Holes: 102 Hole size: 037/100

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

4 stages of slickwater frac with 13,446 bbls of frac fluid and 475,957 lbs of proppant

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 07/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 567 Bbls H2O: 219

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 567 Bbls H2O: 219 GOR: 0

Test Method: Flowing Casing PSI: 1400 Tubing PSI: 625 Choke Size: 024/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1082 API Gravity Oil: \_\_\_\_\_

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7692 Tbg setting date: 07/07/2010 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: 7/2/2010 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: \_\_\_\_\_