

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:

400081368

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 05-077-09598-00 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: <u>COZZETTE</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>05/05/2010</u>		Date of First Production this formation: <u>07/12/2010</u>	
Perforations	Top: <u>8149</u> Bottom: <u>8212</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 2,814 bbls of frac fluid and 102,600 lbs of proppant</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>07/13/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>219</u> Bbls H2O: <u>73</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u>	Mcf Gas: <u>219</u>	Bbls H2O: <u>73</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1400</u>	Tubing PSI: <u>625</u>	Choke Size: <u>024/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1082</u>	API Gravity Oil: <u></u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7692</u>	Tbg setting date: <u>07/07/2010</u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>			
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>			

FORMATION: <u>CORCORAN</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>04/28/2010</u>		Date of First Production this formation: <u>07/12/2010</u>			
Perforations	Top: <u>8320</u>	Bottom: <u>8440</u>	No. Holes: <u>21</u>	Hole size: <u>035/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>07/13/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>219</u>	Bbls H2O: <u>73</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>219</u>	Bbls H2O: <u>73</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1400</u>	Tubing PSI: <u>625</u>	Choke Size: <u>024/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1082</u>	API Gravity Oil: _____		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7692</u>	Tbg setting date: <u>07/07/2010</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>05/07/2010</u>		Date of First Production this formation: <u>07/12/2010</u>			
Perforations	Top: <u>6225</u>	Bottom: <u>7084</u>	No. Holes: <u>102</u>	Hole size: <u>037/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>07/13/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>567</u>	Bbls H2O: <u>219</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>567</u>	Bbls H2O: <u>219</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1400</u>	Tubing PSI: <u>625</u>	Choke Size: <u>024/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1082</u>	API Gravity Oil: _____		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7692</u>	Tbg setting date: <u>07/07/2010</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: 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: _____