

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:

2556233

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 05-077-09652-00 6. County: MESA
7. Well Name: MCDANIEL Well Number: 11-16A
8. Location: QtrQtr: NWSE Section: 11 Township: 9S Range: 94W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 05/14/2010 Date of First Production this formation: 05/27/2010
Perforations Top: 6126 Bottom: 7469 No. Holes: 111 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: ☐
5 STAGES OF SLICKWATER FRAC WITH 16,702 BBLs OF FRAC FLUID AND 586,837LBS OF 30/50 WHITE SAND PROPPANT.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 06/03/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 962 Bbls H2O: 180
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 962 Bbls H2O: 180 GOR: 0
Test Method: FLOWING Casing PSI: 875 Tubing PSI: 625 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: _____
Tubing Size: 2 + 24/64 Tubing Setting Depth: 7024 Tbg setting date: 05/25/2010 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: 6/23/2010 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.

COGCC Approved: _____

David G. Neslin
Director of COGCC

Date: 10/4/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2556232	WELLBORE DIAGRAM	LF@2512182 2556232
2556233	FORM 5A SUBMITTED	LF@2512180 2556233

Total Attach: 2 Files