

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:

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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 05-077-09602-00  
6. County: MESA  
7. Well Name: MCDANIEL Well Number: 14-5A  
8. Location: QtrQtr: NENW Section: 14 Township: 9S Range: 94W Meridian: 6  
9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/22/2010</u>	Date of First Production this formation: <u>07/26/2010</u>
Perforations Top: <u>5920</u> Bottom: <u>7278</u>	No. Holes: <u>126</u> Hole size: <u>035/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>6 stages of slickwater frac with 16,801 bbls of frac fluid and 667,538 lbs of 30/50 white sand proppant</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>08/02/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1305</u> Bbls H2O: <u>217</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>1305</u> Bbls H2O: <u>217</u> GOR: <u>0</u>
Test Method: <u>Flowing</u> Casing PSI: <u>1250</u> Tubing PSI: <u>775</u> Choke Size: <u>024/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1065</u> API Gravity Oil: <u></u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6817</u> Tbg setting date: <u>07/21/2010</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>	

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: 9/7/2010 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: 12/2/2010

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)