

**FORM  
5A**Rev  
02/08State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

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 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 05-077-09502-00 6. County: MESA  
7. Well Name: MCDANIEL Well Number: 11-14B  
8. Location: QtrQtr: SESW Section: 11 Township: 9S Range: 94W Meridian: 6  
9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: <u>COZZETTE</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>07/17/2008</u>		Date of First Production this formation: <u>09/26/2008</u>		
Perforations	Top: <u>8070</u>	Bottom: <u>8105</u>	No. Holes: <u>12</u>	Hole size: <u>034/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<u>1 stage of slickwater frac with 1,667 bbls of frac fluid and 51,500 lbs of proppant</u>				
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Test Information:</b>				
Date: <u>09/25/2008</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>591</u>	Bbls H2O: <u>139</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>591</u>	Bbls H2O: <u>139</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>2000</u>	Tubing PSI: <u>1275</u>	Choke Size: <u>024/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1070</u>	API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7738</u>	Tbg setting date: <u>12/06/2010</u>	Packer Depth: _____	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></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: CORCORAN Status: PRODUCING

Treatment Date: 07/17/2008 Date of First Production this formation: 09/26/2008

Perforations Top: 8207 Bottom: 8243 No. Holes: 9 Hole size: 034/100

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

1 stage of slickwater frac with 665 bbls of frac fluid and 20,600 lbs of proppant

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

**Test Information:**

Date: 09/25/2008 Hours: 24 Bbls oil: 0 Mcf Gas: 591 Bbls H2O: 139

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 591 Bbls H2O: 139 GOR: 0

Test Method: Flowing Casing PSI: 2000 Tubing PSI: 1275 Choke Size: 024/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: \_\_\_\_\_

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7738 Tbg setting date: 12/06/2010 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: 07/17/2008 Date of First Production this formation: 09/26/2008

Perforations Top: 6252 Bottom: 7363 No. Holes: 108 Hole size: 034/100

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

5 stages of slickwater frac with 8373 bbls of frac fluid and 300, 417 lbs of proppant

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

**Test Information:**

Date: 09/25/2008 Hours: 24 Bbls oil: 0 Mcf Gas: 1773 Bbls H2O: 417

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1773 Bbls H2O: 417 GOR: 0

Test Method: Flowing Casing PSI: 2000 Tubing PSI: 1275 Choke Size: 024/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: \_\_\_\_\_

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7738 Tbg setting date: 12/06/2010 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:**

This Form 5A is being submitted to reflect the tubing repair work which occurred in December, 2010. Tubing was pulled due to holes, interior scale and pits, and was re-landed at 7738'.

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: \_\_\_\_\_ 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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**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)