

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

Document Number:

400139780

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: 66571 4. Contact Name: Joan Proulx  
 2. Name of Operator: OXY USA WTP LP Phone: (970) 263.3641  
 3. Address: P O BOX 27757 Fax: (970) 263.3694  
 City: HOUSTON State: TX Zip: 77227

5. API Number 05-045-17587-00 6. County: GARFIELD  
 7. Well Name: SHELL Well Number: 697-34-22B  
 8. Location: QtrQtr: NWNE Section: 3 Township: 7S Range: 97W Meridian: 6  
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: SHUT IN  
 Treatment Date: 02/18/2010 Date of First Production this formation: 03/10/2010  
 Perforations Top: 4962 Bottom: 6525 No. Holes: 144 Hole size: 36/100  
 Provide a brief summary of the formation treatment: Open Hole:   
6 stages of slickwater frac with 46,100 bbls of frac fluid and 843, 515 bls of 20/40 white sand proppant  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 03/22/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1524 Bbls H2O: 0  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1524 Bbls H2O: 0 GOR: 0  
 Test Method: Flowing Casing PSI: 1775 Tubing PSI: 1350 Choke Size: 18/64  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1200 API Gravity Oil: 0  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5970 Tbg setting date: 02/07/2010 Packer Depth: \_\_\_\_\_  
 Reason for Non-Production:  
Well is temporarily shut in during current drilling operations on this pad.  
 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 add the BTU data.

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

### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>

Total: 0 comment(s)