

**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:

400126800

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			
Test Information:			
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: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7738</u>	Tbg setting date: <u>12/06/2010</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>07/17/2008</u>		Date of First Production this formation: <u>09/26/2008</u>			
Perforations	Top: <u>8207</u>	Bottom: <u>8243</u>	No. Holes: <u>9</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 665 bbls of frac fluid and 20,600 lbs of proppant</u>					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:					
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: <u>0</u>		
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%; 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>07/17/2008</u>		Date of First Production this formation: <u>09/26/2008</u>			
Perforations	Top: <u>6252</u>	Bottom: <u>7363</u>	No. Holes: <u>108</u>	Hole size: <u>034/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>5 stages of slickwater frac with 8373 bbls of frac fluid and 300, 417 lbs of proppant</u>					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Information:					
Date: <u>09/25/2008</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1773</u>	Bbls H2O: <u>417</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>1773</u>	Bbls H2O: <u>417</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: <u>0</u>		
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%; 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:

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: 1/24/2011 Email joan_proulx@oxy.com
:

Attachment Check List

Att Doc Num	Name
400126800	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)