

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:
400170591

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: <u>66561</u>	4. Contact Name: <u>Joan Proulx</u>
2. Name of Operator: <u>OXY USA INC</u>	Phone: <u>(970) 263.3641</u>
3. Address: <u>PO BOX 27757</u>	Fax: <u>(970) 263.3694</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227</u>	

5. API Number <u>05-077-08817-00</u>	6. County: <u>MESA</u>
7. Well Name: <u>MCDANIEL</u>	Well Number: <u>11-9</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>11</u> Township: <u>9S</u> Range: <u>94W</u> Meridian: <u>6</u>	
9. Field Name: <u>BRUSH CREEK</u> Field Code: <u>7562</u>	

Completed Interval

FORMATION: <u>COZZETTE</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/02/2011</u>	Date of First Production this formation: <u>05/31/2011</u>
Perforations Top: <u>7980</u> Bottom: <u>8025</u>	No. Holes: <u>18</u> Hole size: <u>035/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>1 stage of slickwater frac with 2,957 bbls of frac fluid and 99,632 lbs of 30/50 white sand proppant</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____	Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7369</u> Tbg setting date: <u>05/27/2011</u> Packer Depth: _____
Reason for Non-Production: _____	
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>05/05/2011</u>	Date of First Production this formation: <u>05/31/2011</u>
Perforations Top: <u>6058</u> Bottom: <u>7323</u>	No. Holes: <u>144</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>6 stages of slickwater frac with 21,599 bbls of frac fluid and 704,727 lbs of 30/50 white sand proppant</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____	Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7369</u> Tbg setting date: <u>05/27/2011</u> Packer Depth: _____
Reason for Non-Production: _____	
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:

Preliminary Form 5A

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

User Group	Comment	Comment Date

Total: 0 comment(s)