

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



DE ET OE ES

Document Number:  
400178896

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

5. API Number 05-045-17884-00  
6. County: GARFIELD  
7. Well Name: Shell  
Well Number: 697-34-16B  
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: PRODUCING

Treatment Date: 02/17/2011 Date of First Production this formation: 03/19/2011

Perforations Top: 5310 Bottom: 7012 No. Holes: 207 Hole size: 35/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

8 stages of slickwater frac with 21,733 bbls of frac fluid and 792,811 lbs of 20/40 white sand proppant

This formation is commingled with another formation:  Yes  No

#### Test Information:

Date: 03/24/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 2337 Bbls H2O: 490

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 2337 Bbls H2O: 490 GOR: 0

Test Method: Flowing Casing PSI: 1368 Tubing PSI: 869 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1058 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6436 Tbg setting date: 03/18/2011 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:  
Subsequent Form 5A to add BTU data and Test Information

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: 6/27/2011 Email joan\_proulx@oxy.com

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 400178896   | FORM 5A SUBMITTED |

Total Attach: 1 Files

**General Comments**

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