

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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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: 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 05-045-17882-00 6. County: GARFIELD
7. Well Name: Shell Well Number: 797-03-15B
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: 04/28/2011 Date of First Production this formation: 05/13/2011
Perforations Top: 4811 Bottom: 6420 No. Holes: 201 Hole size: 35/100

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

7 stages of slickwater frac with 20,774 bbls of frac fluid and 781,473 lbs of 30/50 white sand proppant

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

Test Information:

Date: 05/15/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1125 Bbls H2O: 210
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1125 Bbls H2O: 210 GOR: 0
Test Method: Flowing Casing PSI: 1562 Tubing PSI: 1151 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1058 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5860 Tbg setting date: 05/11/2011 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

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)