

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

5. API Number 05-077-09232-00
6. County: MESA
7. Well Name: NICHOLS
Well Number: 24-11
8. Location: QtrQtr: SENW Section: 24 Township: 9S Range: 94W Meridian: 6
9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: COZZETTE Status: PRODUCING
Treatment Date: 11/07/2007 Date of First Production this formation: 11/08/2007
Perforations Top: 7800 Bottom: 7868 No. Holes: 12 Hole size: 34/100
Provide a brief summary of the formation treatment: Open Hole:
Pumped 1,815 bbls water, 610 sks proppant
This formation is commingled with another formation: Yes No
Test Information:
Date: 11/07/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 950 Bbls H2O: 2
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 950 Bbls H2O: 2 GOR: 0
Test Method: Flowing Casing PSI: 2000 Tubing PSI: 1550 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7345 Tbg setting date: 07/28/2011 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:

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 11/07/2007 Date of First Production this formation: 11/08/2007

Perforations Top: 7956 Bottom: 8008 No. Holes: 12 Hole size: 34/100

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

Pumped 1,047 bbls water, 310 sks proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/07/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 950 Bbls H2O: 2

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 950 Bbls H2O: 2 GOR: 0

Test Method: Flowing Casing PSI: 2000 Tubing PSI: 1550 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7345 Tbg setting date: 07/28/2011 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: _____

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 11/07/2007 Date of First Production this formation: 11/08/2007

Perforations Top: 5980 Bottom: 7305 No. Holes: 99 Hole size: 34/100

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

Pumped 13,187 bbls water, 4,607 sks proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/07/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 2851 Bbls H2O: 6

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 2851 Bbls H2O: 6 GOR: 0

Test Method: Flowing Casing PSI: 2000 Tubing PSI: 1550 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7345 Tbg setting date: 07/28/2011 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
Repair work occurred 7/26/2011 through 8/4/2011 to repair tubing due to holes in tubing from 1,827' to 1,922', and to repair a broken plunger. Well was swabbed and tubing was re-landed at 7,345'.

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)