

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: 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 05-077-09232-00 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: <u>COZZETTE</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/07/2007</u>	Date of First Production this formation: <u>11/08/2007</u>
Perforations Top: <u>7800</u> Bottom: <u>7868</u>	No. Holes: <u>12</u> Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Pumped 1,815 bbls water, 610 sks proppant</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>11/07/2007</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>950</u> Bbls H2O: <u>2</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>950</u> Bbls H2O: <u>2</u> GOR: <u>0</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>2000</u> Tubing PSI: <u>1550</u> Choke Size: <u>24/64</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>7345</u> Tbg setting date: <u>07/28/2011</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: 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**

User Group	Comment	Comment Date

Total: 0 comment(s)