

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:

400228112

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 05-077-08828-00 6. County: MESA
 7. Well Name: MCELWAIN Well Number: 12-4
 8. Location: QtrQtr: SWNW Section: 12 Township: 9S Range: 94W Meridian: 6
 9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: COZZETTE Status: ABANDONED COMPLETION

Treatment Date: 02/16/2005 Date of First Production this formation: _____

Perforations Top: 8398 Bottom: 8459 No. Holes: 12 Hole size: 34/100

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

Unable to pump in.

This formation is commingled with another formation: Yes 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: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

2/17/2005: Perforate Stage 2. Pressure up casing for frac, no break. Pump & bleed off pressure, flow well & pump, unable to get a break, 6800 psi max. Will attempt frac on COZZ after clean up CRCRN.
 2/22/2005: Pumped 1000 glns 7 1/2% HCL & KCL flush, displaced acid to 8200' & pressured up to 6500 psi. Tried surging back but locked up each time.
 3/8-3/10: Cleaned out well, pumped acid into Stage 2 perfs, swabbed well.
 3/15/2005: Perf'd stage 5.

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: CORCORAN Status: SHUT IN

Treatment Date: 02/15/2005 Date of First Production this formation: 02/18/2005

Perforations Top: 8562 Bottom: 8631 No. Holes: 15 Hole size: 34/100

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

1 stage of slickwater frac with 41,600 gallons of frac fluid and 53,000 lbs of 20/40 white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/21/2005 Hours: 24 Bbls oil: 0 Mcf Gas: 350 Bbls H2O: 35

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 350 Bbls H2O: 35 GOR: 0

Test Method: Flowing Casing PSI: 300 Tubing PSI: _____ Choke Size: 20/64

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

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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 Status: SHUT IN

Treatment Date: 03/25/2005 Date of First Production this formation: 02/18/2005

Perforations Top: 6603 Bottom: 7225 No. Holes: 36 Hole size: 34/100

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

2 stage of slickwater frac with 146,245 gallons of frac fluid and 130,000 lbs of 20/40 white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/03/2005 Hours: 24 Bbls oil: 0 Mcf Gas: 991 Bbls H2O: 130

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 991 Bbls H2O: 130 GOR: 0

Test Method: Flowing Casing PSI: 800 Tubing PSI: 450 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: 8146 Tbg setting date: 04/02/2005 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: WASATCH Status: SHUT IN

Treatment Date: 12/12/2006 Date of First Production this formation: _____

Perforations Top: 3045 Bottom: 3081 No. Holes: 12 Hole size: 34/100

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

This formation is commingled with another formation: Yes 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: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

DFIT #1 on 11/27/2006: Set CIBP at 3300' & perf'd. NU Weatherford packer and RIH and set at 2,945'. PSI test packer down csg to 1000 psi for 10 minutes.
11/28/2006: MIRU HES acid crew. Started job w/320 psi on well, pump 18 bbls 7.5% HCL, 15 bbls water @ 5 bpm. Shutdown ISDP - 0 psi. Shut in well.
DFIT #2 12/12/2006: Pumped 2459 gallons of treated water.

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

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
400228129	OTHER
400228131	OTHER

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)