

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400270824

Date Received:

04/11/2012

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 05-077-09580-00
6. County: MESA
7. Well Name: GIPP Well Number: 18-14B
8. Location: QtrQtr: NWSW Section: 18 Township: 9S Range: 93W Meridian: 6
9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: _____
Treatment Date: 12/18/2009 End Date: _____ Date of First Production this formation: 02/13/2010
Perforations Top: 5998 Bottom: 7417 No. Holes: 108 Hole size: 37/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

5 stage of slickwater frac with 1,457 bbls of frac fluid and 528,611 lbs of white sand proppant

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

Total fluid used in treatment (bbl): _____

Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____

Number of staged intervals: _____

Total acid used in treatment (bbl): _____

Max frac gradient (psi/ft): _____

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____

Disposition method for flowback: _____

Total proppant used (lbs): _____

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/23/2012 Hours: 8 Bbl oil: 0 Mcf Gas: 20 Bbl H2O: 1
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 60 Bbl H2O: 3 GOR: 0
Test Method: Flowing Casing PSI: 810 Tubing PSI: 120 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1070 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6952 Tbg setting date: 03/21/2012 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:

Repair work occurred on the Gipp 18-14B well from 3/18/12 - 3/23/12 to repair holes in the tubing. Holes were discovered in joint 56, the tubing was pulled and relanded, the well was swabbed and then returned to production.

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: 4/11/2012 Email joan_proulx@oxy.com
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Attachment Check List

Att Doc Num	Name
400270824	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)