

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:

400276766

Date Received:

04/25/2012

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 05-077-09229-00  
6. County: MESA  
7. Well Name: NICHOLS  
Well Number: 24-3  
8. Location: QtrQtr: SENW Section: 24 Township: 9S Range: 94W Meridian: 6  
9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: CORCORAN Status: PRODUCING Treatment Type:  
Treatment Date: 08/29/2007 End Date: Date of First Production this formation: 10/28/2007  
Perforations Top: 7874 Bottom: 7895 No. Holes: 12 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

1 stage of slickwater frac with 1,521 bbls of frac fluid and 50,181 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: 04/25/2012 Hours: 15 Bbl oil: 0 Mcf Gas: 33 Bbl H2O: 1  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 53 Bbl H2O: 1 GOR: 0  
Test Method: Flowing Casing PSI: 430 Tubing PSI: 140 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1058 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7060 Tbg setting date: 04/18/2012 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:

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: \_\_\_\_\_  
Treatment Date: 08/29/2007 End Date: \_\_\_\_\_ Date of First Production this formation: 10/28/2007  
Perforations Top: 5730 Bottom: 7219 No. Holes: 144 Hole size: 34/100  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

7 stages of slickwater frac with 20,443 bbls of frac fluid and 781,587 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: 04/25/2012 Hours: 15 Bbl oil: 0 Mcf Gas: 296 Bbl H2O: 9  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 482 Bbl H2O: 9 GOR: 0  
Test Method: Flowing Casing PSI: 430 Tubing PSI: 140 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1058 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7060 Tbg setting date: 04/18/2012 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 this well from 4/17-4/20/2012 for a hole in the tubing.

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: 4/25/2012 Email joan\_proulx@oxy.com

#### Attachment Check List

Att Doc Num	Name
400276766	FORM 5A SUBMITTED

Total Attach: 1 Files

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)