

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-077-09229-00
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

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

Total: 0 comment(s)