

FORM
5ARev
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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05/03/2012

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

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 05-077-08837-00

6. County: MESA

7. Well Name: MCELWAIN

Well Number: 12-12

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: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 02/04/2005

Perforations Top: 8451 Bottom: 8523 No. Holes: 18 Hole size: 34/100

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

1 stage of slickwater frac with 1,399 bbls of frac fluid and 43,383 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: 04/29/2012 Hours: 0 Bbl oil: 0 Mcf Gas: 3 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 144 Bbl H2O: 48 GOR: 0

Test Method: Flowing Casing PSI: 247 Tubing PSI: 162 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1044 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7961 Tbg setting date: 04/25/2012 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: CORCORAN Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 02/04/2005

Perforations Top: 8619 Bottom: 8649 No. Holes: 18 Hole size: 42/100

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

1 stage of slickwater frac with 1,371 bbls of frac fluid and 40,442 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: 04/29/2012 Hours: 0 Bbl oil: 0 Mcf Gas: 3 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 144 Bbl H2O: 48 GOR: 0

Test Method: Flowing Casing PSI: 247 Tubing PSI: 162 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1044 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7961 Tbg setting date: 04/25/2012 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: ROLLINS Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 02/04/2005

Perforations Top: 7988 Bottom: 8105 No. Holes: 15 Hole size: 34/100

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

1 stage of slickwater frac with 1,359 bbls of frac fluid and 53,644 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: 04/29/2012 Hours: 0 Bbl oil: 0 Mcf Gas: 6 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 288 Bbl H2O: 96 GOR: 0

Test Method: Flowing Casing PSI: 247 Tubing PSI: 162 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1044 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7961 Tbg setting date: 04/25/2012 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: _____ End Date: _____ Date of First Production this formation: 02/04/2005

Perforations Top: 6602 Bottom: 7987 No. Holes: 96 Hole size: 34/100

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

5 stages of slickwater frac with 10,234 bbls of frac fluid and 392,077 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: 04/29/2012 Hours: 0 Bbl oil: 0 Mcf Gas: 18 Bbl H2O: 4

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 864 Bbl H2O: 192 GOR: 0

Test Method: Flowing Casing PSI: 247 Tubing PSI: 162 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1044 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7961 Tbg setting date: 04/25/2012 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:

Work occurred on the McElwain 12-12 well to repair a hole in the tubing.
Also, this Form 5A will correct the information on the original Form 5A dated 5/10/2005.

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: 5/3/2012 Email joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Name
400280688	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

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