

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: 66571
2. Name of Operator: OXY USA WTP LP
3. Address: P O BOX 27757
City: HOUSTON State: TX Zip: 77227
4. Contact Name: Joan Proulx
Phone: (970) 263-3641
Fax: (970) 263-3694

5. API Number 05-045-15782-00
6. County: GARFIELD
7. Well Name: CC
Well Number: 697-16-48B
8. Location: QtrQtr: SWSE Section: 16 Township: 6S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: ROLLINS Status: PLUGGED AND ABANDONED Treatment Type:

Treatment Date: 11/10/2008 End Date: Date of First Production this formation: 11/25/2008

Perforations Top: 7685 Bottom: 7690 No. Holes: 15 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: [ ]

1 stage of slickwater frac with 2,161 bbls of frac fluid and 55,000 lbs of white sand proppant

This formation is commingled with another formation: [ ] Yes [X] 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: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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: Poor production

Date formation Abandoned: 03/02/2012 Squeeze: [ ] Yes [X] No If yes, number of sacks cmt

Bridge Plug Depth: 7406 Sacks cement on top: 2

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: \_\_\_\_\_

Treatment Date: 11/10/2008 End Date: \_\_\_\_\_ Date of First Production this formation: 11/25/2008

Perforations Top: 5929 Bottom: 7465 No. Holes: 135 Hole size: 35/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

5 stages of slickwater frac with 16,423 bbls of frac fluid and 591,127 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: 05/03/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 481 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 481 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 442 Tubing PSI: 190 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1063 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6942 Tbg setting date: 03/02/2012 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:**

Workover and repair work occurred on this well for holes in the tubing and to abandon the RLNS formation. The delay in submitting the form was due to not receiving the wireline ticket until 5/4/2012 for work done on 3/2/2012.

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: 5/4/2012 Email joan\_proulx@oxy.com

**Attachment Check List**

Att Doc Num	Name
400281431	FORM 5A SUBMITTED
400281432	WIRELINE JOB SUMMARY

Total Attach: 2 Files