

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:

400281431

Date Received:

05/04/2012

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: 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 ☒ 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 ☒ 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