

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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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 05-077-09141-00

7. Well Name: UTE WATER

6. County: MESA

Well Number: 35-15

8. Location: QtrQtr: NESE

Section: 35

Township: 9S

Range: 94W

Meridian: 6

9. Field Name: PLATEAU

Field Code: 69300

Completed Interval

FORMATION: COZZETTE

Status: PRODUCING

Treatment Type: FRACTURE
STIMULATION

Treatment Date: 08/14/2008

End Date:

Date of First Production this formation: 12/11/2008

Perforations Top: 7951

Bottom: 8007

No. Holes: 15

Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

1,347 bbls of 2% KCl and 40,129 lbs of 20/40 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:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

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: 09/23/2012

Hours: 1

Bbl oil: 0

Mcf Gas: 4

Bbl H2O: 1

Calculated 24 hour rate:

Bbl oil: 0

Mcf Gas: 96

Bbl H2O: 17

GOR: 0

Test Method: Flowing

Casing PSI: 1036

Tubing PSI: 673

Choke Size: 20/64

Gas Disposition: SOLD

Gas Type: DRY

Btu Gas: 1104

API Gravity Oil: 0

Tubing Size: 2 + 3/8

Tubing Setting Depth: 7976

Tbg setting date: 09/18/2012

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:

** Wireline and Cement Job Summary must be attached.

FORMATION: <u>CORCORAN</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>08/14/2008</u>		End Date: _____		Date of First Production this formation: <u>12/11/2008</u>	
Perforations	Top: <u>8105</u>	Bottom: <u>8107</u>	No. Holes: <u>3</u>	Hole size: <u>34/100</u>	

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

276 bbls of 2% KCl and 8,220 lbs of 20/40 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: _____	Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____	Number of staged intervals: _____
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: <input type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>09/23/2012</u>	Hours: <u>1</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>4</u>	Bbl H2O: <u>1</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>96</u>	Bbl H2O: <u>17</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1036</u>	Tubing PSI: <u>673</u>	Choke Size: <u>20/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1104</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7976</u>	Tbg setting date: <u>09/18/2012</u>	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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 08/14/2008 End Date: _____ Date of First Production this formation: 12/11/2008
Perforations Top: 6436 Bottom: 7280 No. Holes: 111 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

5 stages of slickwater frac with 6,679 bbls of 2% KCl and 218,704 lbs of 20/40 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: _____

Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____

Number of staged intervals: _____

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: 09/23/2012 Hours: 1 Bbl oil: 0 Mcf Gas: 32 Bbl H2O: 5
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 768 Bbl H2O: 134 GOR: 0
Test Method: Flowing Casing PSI: 1036 Tubing PSI: 673 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1104 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7976 Tbg setting date: 09/18/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

Work occurred on the Ute Water 35-15 well to repair holes in the tubing. Holes were found in 6 joints, tubing was re-landed, and the well was swabbed and returned to production.

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: 10/2/2012 Email joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Name
400332836	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)