

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: 760 HORIZON DR #101  
City: GRAND JUNCTION State: CO Zip: 81506  
4. Contact Name: Joan Proulx  
Phone: (970) 263-3641  
Fax: (970) 263-3694  
Email: joan\_proulx@oxy.com

5. API Number 05-077-09399-00  
6. County: MESA  
7. Well Name: HELLS GULCH FED.  
Well Number: 25-5  
8. Location: QtrQtr: SWNE Section: 26 Township: 8S Range: 92W Meridian: 6  
9. Field Name: ALKALI CREEK Field Code: 1950

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type:  
Treatment Date: End Date: Date of First Production this formation:  
Perforations Top: 5927 Bottom: 6982 No. Holes: 102 Hole size: 35/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
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: 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: 2 + 3/8 Tubing Setting Depth: 6447 Tbg setting date: 06/17/2015 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:

Tubing was re-landed at 6447' on 06/17/15.

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: \_\_\_\_\_

Email joan\_proulx@oxy.com

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### **Attachment Check List**

**Att Doc Num**      **Name**

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Total Attach: 0 Files

### **General Comments**

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