

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:

400863348

Date Received:

07/06/2015

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 05-077-09158-00
6. County: MESA
7. Well Name: HIDDEN CREEK WEST FED.
Well Number: 23-1
8. Location: QtrQtr: SESW Section: 14 Township: 8S Range: 92W Meridian: 6
9. Field Name: ALKALI CREEK Field Code: 1950

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 6250 Bottom: 7616 No. Holes: 117 Hole size: 34/100
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: 6745 Tbg setting date: 06/30/2015 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:

Work occurred on the Hidden Creek West Federal 23-1 well to inspect the tubing and clean out fill.

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: 7/6/2015 Email joan_proulx@oxy.com
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Attachment Check List

Att Doc Num **Name**

400863348	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

Permit	Operator raised tubing 868'.	11/9/2015 7:48:43 AM
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Total: 1 comment(s)