

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



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: 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 05-077-09453-00 6. County: MESA 7. Well Name: DAVID Well Number: 23-7C 8. Location: QtrQtr: SWNE Section: 23 Township: 9S Range: 94W Meridian: 6 9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: Treatment Date: End Date: Date of First Production this formation: Perforations Top: 5753 Bottom: 6880 No. Holes: 81 Hole size: 34/100 Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: 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: 6607 Tbg setting date: 08/20/2015 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 David 23-7C well to repair a hole in the tubing. Tubing was re-landed and the well 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: 8/26/2015 Email joan\_proulx@oxy.com  
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### **Attachment Check List**

**Att Doc Num**      **Name**

400890275	FORM 5A SUBMITTED
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Total Attach: 1 Files

### **General Comments**

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

Permit	Previous tubing setting reported to be 5646'.	11/9/2015 9:13:37 AM
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Total: 1 comment(s)