

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: 400923726

Date Received:

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 4. Contact Name: Joan Proulx
 2. Name of Operator: OXY USA INC Phone: (970) 263-3641
 3. Address: 760 HORIZON DR #101 Fax: (970) 263-3694
 City: GRAND JUNCTION State: CO Zip: 81506 Email: joan_proulx@oxy.com

5. API Number 05-055-06073-00 6. County: HUERFANO
 7. Well Name: SHEEP MOUNTAIN UNIT Well Number: 5-9-A
 8. Location: QtrQtr: NWNE Section: 9 Township: 27S Range: 70W Meridian: 6
 9. Field Name: SHEEP MOUNTAIN Field Code: 77230

Completed Interval

FORMATION: DAKOTA Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 09/03/2015 End Date: 09/03/2015 Date of First Production this formation: 09/23/2015

Perforations Top: 3375 Bottom: 3605 No. Holes: 580 Hole size: 34/100

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

The well was perf'd but not frac'd.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 24 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): 24 Number of staged intervals: 1
 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: 4 + 1/2 Tubing Setting Depth: 3303 Tbg setting date: 09/04/2015 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.

FORMATION: ENTRADA Status: ABANDONED Treatment Type: WELLBORE/COMPLETION

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 4004 Bottom: 4166 No. Holes: 352 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: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: Formation was abandoned due to low production.

Date formation Abandoned: 09/01/2015 Squeeze: Yes No If yes, number of sacks cmt

** Bridge Plug Depth: 3960 ** Sacks cement on top: 45 ** Wireline and Cement Job Summary must be attached.

Comment:
Recompletion work occurred on the Sheep Mountain 5-9-A well.

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

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows include 400934473 OPERATIONS SUMMARY, 400934475 CEMENT JOB SUMMARY, 400934476 WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft per operator request.	11/10/2015 10:20:06 AM
Permit	Per operator , date of first prod. on ENRD = 7/6/1983. THIS DATE IS INCORRECT. WAITING ON NEW DATE.	10/23/2015 1:09:36 PM
Permit	Contacted operator for the following: 1) Date of first prod. on ENRD 2) job tickets for bridge plug and cement.	10/23/2015 12:58:23 PM

Total: 3 comment(s)