

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

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 05-055-06073-00

7. Well Name: SHEEP MOUNTAIN UNIT

8. Location: QtrQtr: NWNE Section: 9 Township: 27S Range: 70W Meridian: 6

9. Field Name: SHEEP MOUNTAIN Field Code: 77230

6. County: HUERFANO

Well Number: 5-9-A

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

Att Doc Num	Name
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)