

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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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: Kelley Montgomery
 2. Name of Operator: OXY USA INC Phone: (713) 366-5716
 3. Address: PO BOX 27757 #110 Fax: (713) 985-1241
 City: HOUSTON State: TX Zip: 77227- Email: kelley_montgomery@oxy.com

5. API Number 05-055-06314-02 6. County: HUERFANO
 7. Well Name: Sheep Mountain Well Number: 4-23-L
 8. Location: QtrQtr: NENE Section: 22 Township: 27S Range: 70W Meridian: 6
 9. Field Name: SHEEP MOUNTAIN Field Code: 77230

Completed Interval

FORMATION: DAKOTA Status: PRODUCING Treatment Type: _____

Treatment Date: 05/25/2016 End Date: 05/27/2016 Date of First Production this formation: 02/04/2015

Perforations Top: 6215 Bottom: 6500 No. Holes: 760 Hole size: _____

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

Perforations were added to the wellbore with a wireline truck. No stimulation was performed.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 0 Max pressure during treatment (psi): 0
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.00
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.00
 Total acid used in treatment (bbl): 0 Number of staged intervals: 0
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
 Fresh water used in treatment (bbl): 0 Disposition method for flowback: _____
 Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/30/2016 Hours: 24 Bbl oil: 0 Mcf Gas: 696 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 696 Bbl H2O: 0 GOR: _____
 Test Method: Flowing Casing PSI: 120 Tubing PSI: 60 Choke Size: _____
 Gas Disposition: SOLD Gas Type: CO2 Btu Gas: 0 API Gravity Oil: 0
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 6300 Tbg setting date: 10/20/2015 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:

Additional perforations were added in the currently producing Dakota formation with a wireline truck. No stimulation was performed.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Kelley Montgomery

Title: Regulatory Manager Date: _____ Email: kelley_montgomery@oxy.com
:

Attachment Check List

Att Doc Num **Name**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)