

FORM
5ARev
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:

401060591

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: PO BOX 27757 #110

City: HOUSTON

State: TX

Zip: 77227-

4. Contact Name: Kelley Montgomery

Phone: (713) 366-5716

Fax: (713) 985-1241

Email: kelly_montgomery@oxy.com

5. API Number 05-055-06314-02

7. Well Name: Sheep Mountain

6. County: HUERFANO

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
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

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

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Total: 0 comment(s)