

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400080871

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
City: HOUSTON State: TX Zip: 77227
4. Contact Name: Joan Proulx
Phone: (970) 263.3641
Fax: (970) 263.3694

5. API Number 05-077-09604-00
6. County: MESA
7. Well Name: MCDANIEL
Well Number: 14-4B
8. Location: QtrQtr: NENW Section: 14 Township: 9S Range: 94W Meridian: 6

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 05/03/2010 Date of First Production this formation: 07/16/2010
Perforations Top: 5820 Bottom: 7089 No. Holes: 141 Hole size: 035/100
Provide a brief summary of the formation treatment: Open Hole:
6 stages of slickwater frac with 16,201 bbls of frac fluid and 620,245 lbs of 20/40 white sand proppant
This formation is commingled with another formation: Yes No
Test Information:
Date: 07/20/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1407 Bbls H2O: 205
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1407 Bbls H2O: 205 GOR: 0
Test Method: Flowing Casing PSI: 1200 Tubing PSI: 800 Choke Size: 024/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1064 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6664 Tbg setting date: 07/14/2010 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: _____

Comment:

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

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ **Director of COGCC** Date: _____