

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



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COMPLETED INTERVAL REPORT

Document Number:
2554546

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: 66571
2. Name of Operator: OXY USA WTP LP
3. Address: P O BOX 27757
City: HOUSTON State: TX Zip: 77227
4. Contact Name: JOAN PROULX
Phone: (970) 2633641
Fax: (970) 2633694

5. API Number 05-045-17767-00
6. County: GARFIELD
7. Well Name: SHELL
Well Number: 697-34-08B
8. Location: QtrQtr: NWNE Section: 3 Township: 7S Range: 97W Meridian: 6

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 03/30/2010 Date of First Production this formation: 04/11/2010
Perforations Top: 5646 Bottom: 7293 No. Holes: 156 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole:
7 STAGES OF SLICKWATER FRAC WITH 24006 BBLs OF FRAC FLUID AND 775656 LBS OF 30/50 WHITE SAND
This formation is commingled with another formation: Yes No
Test Information:
Date: 04/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1480 Bbls H2O: 350
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1480 Bbls H2O: 350 GOR: 0
Test Method: FLOWING Casing PSI: 2150 Tubing PSI: 1500 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6743 Tbg setting date: 04/11/2010 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: REG ANALYST Date: 5/14/2010 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. *David S. Neslin*

COGCC Approved: _____ Director of COGCC Date: 9/17/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554546	FORM 5A SUBMITTED	LF@2496184 2554546
2554547	WELLBORE DIAGRAM	LF@2496185 2554547

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	LOG UPLOAD REQUESTED.	9/17/2010 2:11:55 PM

Total: 1 comment(s)