

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:

2554546

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

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: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>03/30/2010</u>		Date of First Production this formation: <u>04/11/2010</u>	
Perforations	Top: <u>5646</u> Bottom: <u>7293</u>	No. Holes: <u>156</u>	Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>7 STAGES OF SLICKWATER FRAC WITH 24006 BBLS OF FRAC FLUID AND 775656 LBS OF 30/50 WHITE SAND</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>04/13/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1480</u> Bbls H2O: <u>350</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>1480</u> Bbls H2O: <u>350</u> GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>2150</u>	Tubing PSI: <u>1500</u>	Choke Size: <u>18/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1070</u>	API Gravity Oil: <u></u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6743</u>	Tbg setting date: <u>04/11/2010</u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

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)