

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:

400081368

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: Joan Proulx
2. Name of Operator: OXY USA INC Phone: (970) 263.3641
3. Address: PO BOX 27757 Fax: (970) 263.3694
City: HOUSTON State: TX Zip: 77227

5. API Number 05-077-09598-00 6. County: MESA
7. Well Name: MCDANIEL Well Number: 15-1C
8. Location: QtrQtr: NENW Section: 14 Township: 9S Range: 94W Meridian: 6

Completed Interval

FORMATION: COZZETTE Status: PRODUCING
Treatment Date: 05/05/2010 Date of First Production this formation: 07/12/2010
Perforations Top: 8149 Bottom: 8212 No. Holes: 24 Hole size: 035/100
Provide a brief summary of the formation treatment: Open Hole:
1 stage of slickwater frac with 2,814 bbls of frac fluid and 102,600 lbs of proppant
This formation is commingled with another formation: Yes No
Test Information:
Date: 07/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 219 Bbls H2O: 73
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 219 Bbls H2O: 73 GOR: 0
Test Method: Flowing Casing PSI: 1400 Tubing PSI: 625 Choke Size: 024/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1082 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7692 Tbg setting date: 07/07/2010 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: _____

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 04/28/2010 Date of First Production this formation: 07/12/2010

Perforations Top: 8320 Bottom: 8440 No. Holes: 21 Hole size: 035/100

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

1 stage of slickwater frac with 4,976 bbls of frac fluid and 174,184 lbs of proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 219 Bbls H2O: 73

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 219 Bbls H2O: 73 GOR: 0

Test Method: Flowing Casing PSI: 1400 Tubing PSI: 625 Choke Size: 024/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1082 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7692 Tbg setting date: 07/07/2010 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: _____

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 05/07/2010 Date of First Production this formation: 07/12/2010

Perforations Top: 6225 Bottom: 7084 No. Holes: 102 Hole size: 037/100

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

4 stages of slickwater frac with 13,446 bbls of frac fluid and 475,957 lbs of proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 567 Bbls H2O: 219

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 567 Bbls H2O: 219 GOR: 0

Test Method: Flowing Casing PSI: 1400 Tubing PSI: 625 Choke Size: 024/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1082 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7692 Tbg setting date: 07/07/2010 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: 7/2/2010 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.

COGCC Approved: David S. Nashin Director of COGCC Date: 9/27/2010

Attachment Check List

Att Doc Num	Name	Doc Description
400081368	FORM 5A SUBMITTED	LF@2544520 400081368

Total Attach: 1 Files