

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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Document Number:

2556237

**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 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 05-077-09709-00 6. County: MESA  
7. Well Name: MCDANIEL Well Number: 11-9A  
8. Location: QtrQtr: NWSE Section: 11 Township: 9S Range: 94W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/18/2010</u>	Date of First Production this formation: <u>06/10/2010</u>
Perforations Top: <u>6125</u> Bottom: <u>7339</u>	No. Holes: <u>138</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>6 STAGES OF SLICKWATER FRAC WITH 18,256 BBLs FLUID AND 644,089LBS OF 30/50 WHITE SAND PROPPANT</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>06/17/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1295</u> Bbls H2O: <u>195</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>1295</u> Bbls H2O: <u>195</u> GOR: <u>0</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1150</u> Tubing PSI: <u>750</u> Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1078</u> API Gravity Oil: _____	
Tubing Size: <u>2 + 24/64</u> Tubing Setting Depth: <u>6933</u> Tbg setting date: <u>06/06/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 6/24/2010 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 G. Neslin*

Director of COGCC

Date: 10/4/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2556237	FORM 5A SUBMITTED	LF@2512171 2556237
2556238	WELLBORE DIAGRAM	LF@2512172 2556238

Total Attach: 2 Files