

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

COMPLETED INTERVAL REPORT

Document Number:

2554532

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 05-045-17585-00 6. County: GARFIELD  
 7. Well Name: SHELL Well Number: 697-34-14A  
 8. Location: QtrQtr: NWNE Section: 3 Township: 7S Range: 97W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
 Treatment Date: 03/27/2010 Date of First Production this formation: 04/14/2010  
 Perforations Top: 5466 Bottom: 7062 No. Holes: 153 Hole size: 35/100  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
7 STAGES OF SLICKWATER FRAC WITH 22753 BBLs OF 2% FRAC FLUID AND 843516 LBS OF 20/40 WHITE SAND.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 04/14/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1263 Bbls H2O: 810  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 1263 Bbls H2O: 810 GOR: 0  
 Test Method: FLOWING Casing PSI: 2150 Tubing PSI: 1500 Choke Size: 16/64  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1039 API Gravity Oil: \_\_\_\_\_  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6527 Tbg setting date: 04/14/2010 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: REG ANALYST Date: 5/20/2010 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. Neslin*

Director of COGCC

Date: 10/8/2010

**Attachment Check List**

| Att Doc Num | Name              | Doc Description    |
|-------------|-------------------|--------------------|
| 2554532     | FORM 5A SUBMITTED | LF@2496170 2554532 |
| 2554533     | WELLBORE DIAGRAM  | LF@2496171 2554533 |

Total Attach: 2 Files