

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:

2554532

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 05-045-17585-00 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

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|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| FORMATION: <u>WILLIAMS FORK - CAMEO</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>03/27/2010</u> | Date of First Production this formation: <u>04/14/2010</u> |
| Perforations Top: <u>5466</u> Bottom: <u>7062</u> | No. Holes: <u>153</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 22753 BBLs OF 2% FRAC FLUID AND 843516 LBS OF 20/40 WHITE SAND.</u> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>04/14/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1263</u> Bbls H2O: <u>810</u> | |
| Calculated 24 hour rate: | Bbls oil: <u>0</u> Mcf Gas: <u>1263</u> Bbls H2O: <u>810</u> GOR: <u>0</u> |
| Test Method: <u>FLOWING</u> Casing PSI: <u>2150</u> Tubing PSI: <u>1500</u> Choke Size: <u>16/64</u> | |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1039</u> API Gravity Oil: _____ | |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6527</u> Tbg setting date: <u>04/14/2010</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: 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 G. 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