

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:

400080871

**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 05-077-09604-00 6. County: MESA  
7. Well Name: MCDANIEL Well Number: 14-4B  
8. Location: QtrQtr: NENW Section: 14 Township: 9S Range: 94W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
Treatment Date: 05/03/2010 Date of First Production this formation: 07/16/2010  
Perforations Top: 5820 Bottom: 7089 No. Holes: 141 Hole size: 035/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
6 stages of slickwater frac with 16,201 bbls of frac fluid and 620,245 lbs of 20/40 white sand proppant  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 07/20/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1407 Bbls H2O: 205  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1407 Bbls H2O: 205 GOR: 0  
Test Method: Flowing Casing PSI: 1200 Tubing PSI: 800 Choke Size: 024/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1064 API Gravity Oil: \_\_\_\_\_  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6664 Tbg setting date: 07/14/2010 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: Regulatory Analyst Date: 9/3/2010 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: 11/5/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
400080871	FORM 5A SUBMITTED	LF@2536007 400080871

Total Attach: 1 Files