

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:

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**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: \_\_\_\_\_  
3. Address: PO BOX 27757 Fax: \_\_\_\_\_  
City: HOUSTON State: TX Zip: 77227

5. API Number 05-077-09111-00 6. County: MESA  
7. Well Name: MCDANIEL FED. Well Number: 11-13  
8. Location: QtrQtr: SESW Section: 11 Township: 9S Range: 94W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>CORCORAN</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>03/09/2007</u>		Date of First Production this formation: <u>03/22/2007</u>	
Perforations	Top: <u>8340</u>	Bottom: <u>8394</u>	No. Holes: <u>18</u> Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>153872 GALS SLICKWATER CARRYING 75500 #S 20/40 WHITE SAND. 500 GALS 15% HCL ACID.</u>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>03/24/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>282</u> Bbls H2O: <u>53</u>
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: <u>FLOWING</u>	Casing PSI: <u>1375</u>	Tubing PSI: <u>800</u>	Choke Size: <u>24/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1070</u>	API Gravity Oil: _____
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7907</u>	Tbg setting date: <u>03/19/2007</u>	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
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: _____	

