

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:
2555567

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
2. Name of Operator: OXY USA INC
3. Address: PO BOX 27757
City: HOUSTON State: TX Zip: 77227
4. Contact Name: JOAN PROULX
Phone:
Fax:

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: CORCORAN Status: PRODUCING
Treatment Date: 03/09/2007 Date of First Production this formation: 03/22/2007
Perforations Top: 8340 Bottom: 8394 No. Holes: 18 Hole size: 34/100
Provide a brief summary of the formation treatment: Open Hole:
153872 GALS SLICKWATER CARRYING 75500 #S 20/40 WHITE SAND. 500 GALS 15% HCL ACID.
This formation is commingled with another formation: Yes No
Test Information:
Date: 03/24/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 282 Bbls H2O: 53
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: FLOWING Casing PSI: 1375 Tubing PSI: 800 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7907 Tbg setting date: 03/19/2007 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:

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 03/06/2007 Date of First Production this formation: 03/22/2007

Perforations Top: 6462 Bottom: 7660 No. Holes: 123 Hole size: 34/100

Provide a brief summary of the formation treatment: _____ Open Hole:

1104199 GALS SLICKWATER CARRYING 584300 #S 20/40 WHITE SAND 3500 GALS 15% HCL ACID.

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/24/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 1126 Bbls H2O: 212

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: FLOWING Casing PSI: 1375 Tubing PSI: 800 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: 6/9/2010 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: 11/8/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555567	FORM 5A SUBMITTED	LF@2506183 2555567

Total Attach: 1 Files