

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:

2510223

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 05-077-09646-00 6. County: MESA
7. Well Name: MCDANIEL Well Number: 11-10B
8. Location: QtrQtr: NWSE Section: 11 Township: 9S Range: 94W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>COZZETTE</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/10/2010</u>	Date of First Production this formation: <u>06/16/2010</u>
Perforations Top: <u>7910</u> Bottom: <u>7975</u>	No. Holes: <u>18</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>1 STAGE OF SLICKWATER FRAC WITH 2,502 BBLS OF FRAC FLUID AND 81,745 LBS OF 20/40 WHITE SAND PROPPANT.</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>06/21/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>272</u> Bbls H2O: <u>47</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>272</u> Bbls H2O: <u>47</u> GOR: <u>0</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1600</u> Tubing PSI: <u>1000</u> Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1061</u> API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7473</u> Tbg setting date: <u>06/13/2010</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: _____	

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 05/08/2010 Date of First Production this formation: 06/16/2010

Perforations Top: 8078 Bottom: 8175 No. Holes: 27 Hole size: 35/100

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

1 STAGE OF SLICKWATER FRAC WITH 3,191 BBLs OF FRAC FLUID AND 94,093 LBS OF 20/40 WHITE SAND PROPPANT.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 06/21/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 272 Bbls H2O: 47

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 272 Bbls H2O: 47 GOR:

Test Method: FLOWING Casing PSI: 1600 Tubing PSI: 1000 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1061 API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7473 Tbg setting date: 06/13/2010 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:

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 05/13/2010 Date of First Production this formation: 06/16/2010

Perforations Top: 6068 Bottom: 7337 No. Holes: 108 Hole size: 35/100

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

5 STAGES OF SLICKWATER FRAC WITH 14,699 BBLs OF FRAC FLUID AND 569,733 LBS OF 30/50 WHITE SAND PROPPANT.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 06/21/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 818 Bbls H2O: 143

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 818 Bbls H2O: 143 GOR: 0

Test Method: FLOWING Casing PSI: 1600 Tubing PSI: 1000 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1061 API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7473 Tbg setting date: 06/13/2010 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 Date: 7/9/2010 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: 11/15/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2510223	FORM 5A SUBMITTED	LF @ 2526943 2510223
2510224	WELLBORE DIAGRAM	LF @ 2526944 2510224

Total Attach: 2 Files