

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:

400084342

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 05-077-09595-00 6. County: MESA
7. Well Name: MCDANIEL Well Number: 14-6A
8. Location: QtrQtr: NENW Section: 14 Township: 9S Range: 94W Meridian: 6
9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

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|---|--|
| FORMATION: <u>WILLIAMS FORK - CAMEO</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>04/21/2010</u> | Date of First Production this formation: <u>07/28/2010</u> |
| Perforations Top: <u>5797</u> Bottom: <u>7224</u> | No. Holes: <u>147</u> Hole size: <u>035/100</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <u>6 stages of slickwater frac with 19,721 bbls of frac fluid and 787,091 lbs of 30/50 white sand proppant</u> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>08/03/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1164</u> Bbls H2O: <u>235</u> | |
| Calculated 24 hour rate: | Bbls oil: <u>0</u> Mcf Gas: <u>1164</u> Bbls H2O: <u>235</u> GOR: <u>0</u> |
| Test Method: <u>Flowing</u> Casing PSI: <u>1050</u> Tubing PSI: <u>600</u> Choke Size: <u>024/64</u> | |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1063</u> API Gravity Oil: <u></u> | |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6727</u> Tbg setting date: <u>07/25/2010</u> Packer Depth: <u></u> | |
| Reason for Non-Production: <u></u> | |
| Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u> | |
| Bridge Plug Depth: <u></u> Sacks cement on top: <u></u> | |

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: 9/7/2010 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: 11/29/2010

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400084342 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|---------------------------------|--------------------------|
| Permit | Added field name as Brush Creek | 11/29/2010 2:27:35 PM |

Total: 1 comment(s)