

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:

400116299

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: (970) 263.3641
Fax: (970) 263.3694

5. API Number 05-077-09652-00
6. County: MESA
7. Well Name: MCDANIEL Well Number: 11-16A
8. Location: QtrQtr: NWSE Section: 11 Township: 9S Range: 94W Meridian: 6
9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 05/14/2010 Date of First Production this formation: 05/27/2010
Perforations Top: 6126 Bottom: 7469 No. Holes: 111 Hole size: 035/100
Provide a brief summary of the formation treatment: Open Hole: [ ]
5 stages of slickwater frac with 16,702 bbls of frac fluid and 586,837 lbs of 30/50 white sand proppant
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 06/03/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 962 Bbls H2O: 180
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 962 Bbls H2O: 180 GOR: 0
Test Method: Flowing Casing PSI: 875 Tubing PSI: 625 Choke Size: 024/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1078 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7024 Tbg setting date: 05/25/2010 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: This Form 5A is being submitted for the added BTU data; the original Form 5A was submitted 6/23/2010.

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: 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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)