

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: (970) 263.3641  
3. Address: PO BOX 27757 Fax: (970) 263.3694  
City: HOUSTON State: TX Zip: 77227

5. API Number 05-077-09709-00 6. County: MESA  
7. Well Name: MCDANIEL Well Number: 11-9A  
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: 05/18/2010 Date of First Production this formation: 06/10/2010  
Perforations Top: 6125 Bottom: 7339 No. Holes: 138 Hole size: 035/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
6 stages of slickwater frac with 18,256 bbls of frac fluid and 644,089 lbs of 30/50 white sand proppant  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 06/17/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1295 Bbls H2O: 195  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1295 Bbls H2O: 195 GOR: 0  
Test Method: Flowing Casing PSI: 1150 Tubing PSI: 750 Choke Size: 024/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1059 API Gravity Oil:   
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6933 Tbg setting date: 06/06/2010 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 to add the BTU data. The original Form 5A was submitted 06/24/2010.

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**

User Group	Comment	Comment Date

Total: 0 comment(s)