

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:

400147198

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: 66571 4. Contact Name: Joan Proulx
 2. Name of Operator: OXY USA WTP LP Phone: (970) 263.3641
 3. Address: P O BOX 27757 Fax: (970) 263.3694
 City: HOUSTON State: TX Zip: 77227

5. API Number 05-045-17883-00 6. County: GARFIELD
 7. Well Name: Shell Well Number: 797-03-31A
 8. Location: QtrQtr: NWNE Section: 3 Township: 7S Range: 97W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
 Treatment Date: 03/03/2011 Date of First Production this formation: 03/26/2011
 Perforations Top: 4909 Bottom: 6453 No. Holes: 165 Hole size: 35/100
 Provide a brief summary of the formation treatment: Open Hole:
6 stages of slickwater frac with 20,119 bbls of frac fluid and 763,586 lbs of 30/50 white sand proppant
 This formation is commingled with another formation: Yes No
Test Information:
 Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: _____ API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5905 Tbg setting date: 03/24/2011 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:
Preliminary Form 5A.
A subsequent Form 5A will be submitted once the BTU data is received.

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

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

Total: 0 comment(s)