

**FORM  
5A**Rev  
02/08State 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:

400116310

**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: 665614. Contact Name: Joan Proulx2. Name of Operator: OXY USA INCPhone: (970) 263.36413. Address: PO BOX 27757Fax: (970) 263.3694City: HOUSTON State: TX Zip: 772275. API Number 05-077-09709-006. County: MESA7. Well Name: MCDANIELWell Number: 11-9A8. Location: QtrQtr: NWSE Section: 11 Township: 9S Range: 94W Meridian: 69. Field Name: BRUSH CREEK Field Code: 7562Completed IntervalFORMATION: WILLIAMS FORK - CAMEOStatus: PRODUCINGTreatment Date: 05/18/2010Date of First Production this formation: 06/10/2010Perforations 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 proppantThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 06/17/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1295 Bbls H2O: 195Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1295 Bbls H2O: 195 GOR: 0Test Method: Flowing Casing PSI: 1150 Tubing PSI: 750 Choke Size: 024/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1059 API Gravity Oil: 0Tubing 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 ProulxTitle: Regulatory Analyst Date: 12/14/2010 Email joan\_proulx@oxy.com

### Attachment Check List

Att Doc Num	Name
400116310	FORM 5A SUBMITTED

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

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