

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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COMPLETED INTERVAL REPORT

Document Number:
400174880

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.

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|---|-------------------------------------|
| 1. OGCC Operator Number: <u>66561</u> | 4. Contact Name: <u>Joan Proulx</u> |
| 2. Name of Operator: <u>OXY USA INC</u> | Phone: <u>(970) 263.3641</u> |
| 3. Address: <u>PO BOX 27757</u> | Fax: <u>(970) 263.3694</u> |
| City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227</u> | |

| | |
|---|--------------------------|
| 5. API Number <u>05-077-09071-00</u> | 6. County: <u>MESA</u> |
| 7. Well Name: <u>MCDANIEL FEDERAL</u> | Well Number: <u>2-12</u> |
| 8. Location: QtrQtr: <u>NESW</u> Section: <u>2</u> Township: <u>9S</u> Range: <u>94W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>BRUSH CREEK</u> Field Code: <u>7562</u> | |

Completed Interval

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 12/08/2006 Date of First Production this formation: 09/06/2007

Perforations Top: 8634 Bottom: 8702 No. Holes: 18 Hole size: 34/100

Provide a brief summary of the formation treatment: _____ Open Hole:

Slickwater frac with 500 gals of frac fluid and 76,000 lbs of 20/40 white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/14/2006 Hours: 24 Bbls oil: 0 Mcf Gas: 315 Bbls H2O: 53

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 315 Bbls H2O: 53 GOR: 0

Test Method: Flowing Casing PSI: 1500 Tubing PSI: 800 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8322 Tbg setting date: 10/28/2010 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: _____

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 12/05/2006 Date of First Production this formation: 09/06/2007

Perforations Top: 6784 Bottom: 7839 No. Holes: 96 Hole size: 34/100

Provide a brief summary of the formation treatment: _____ Open Hole:

Slickwater frac with 3,000 gals of frac fluid and 485,400 lbs of 20/40 white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/14/2006 Hours: 24 Bbls oil: 0 Mcf Gas: 1259 Bbls H2O: 211

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1259 Bbls H2O: 211 GOR: 0

Test Method: Flowing Casing PSI: 1500 Tubing PSI: 800 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8322 Tbg setting date: 10/28/2010 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:

Subsequent Form 5A
Due to a tubing restriction, work was done to repair the well. The plunger was retrieved, tubing was re-landed at 8322' and the well was returned to production.

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: _____ joan_proulx@oxy.com

Email
:

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**

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

Total: 0 comment(s)