

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

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.

Document Number:

400174880

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 05-077-09071-00

6. County: MESA

7. Well Name: MCDANIEL FEDERAL

Well Number: 2-12

8. Location: QtrQtr: NESW Section: 2 Township: 9S Range: 94W Meridian: 6

9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: CORCORANStatus: PRODUCINGTreatment Date: 12/08/2006Date of First Production this formation: 09/06/2007Perforations 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 proppantThis formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 12/14/2006 Hours: 24 Bbls oil: 0 Mcf Gas: 315 Bbls H2O: 53Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 315 Bbls H2O: 53 GOR: 0Test Method: Flowing Casing PSI: 1500 Tubing PSI: 800 Choke Size: 20/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: 0Tubing 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 - CAMEOStatus: PRODUCINGTreatment Date: 12/05/2006Date of First Production this formation: 09/06/2007Perforations 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 proppantThis formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 12/14/2006 Hours: 24 Bbls oil: 0 Mcf Gas: 1259 Bbls H2O: 211Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1259 Bbls H2O: 211 GOR: 0Test Method: Flowing Casing PSI: 1500 Tubing PSI: 800 Choke Size: 20/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: 0Tubing 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 ProulxTitle: 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

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

Total: 0 comment(s)