

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:  
400174995

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: <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>05-077-08817-00</u>	6. County: <u>MESA</u>
7. Well Name: <u>MCDANIEL</u>	Well Number: <u>11-9</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>11</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: <u>COZZETTE</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/02/2011</u>	Date of First Production this formation: <u>05/31/2011</u>
Perforations Top: <u>7980</u> Bottom: <u>8025</u>	No. Holes: <u>18</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>1 stage of slickwater frac with 2,957 bbls of frac fluid and 99,632 lbs of 30/50 white sand proppant</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>05/28/2011</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>46</u> Bbls H2O: <u>58</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>46</u> Bbls H2O: <u>58</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>500</u> Tubing PSI: <u>200</u> Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u> BTU Gas: <u>1068</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7369</u> Tbg setting date: <u>05/27/2011</u> Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: _____	Sacks cement on top: _____

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/05/2011</u>	Date of First Production this formation: <u>05/31/2011</u>
Perforations Top: <u>6058</u> Bottom: <u>7323</u>	No. Holes: <u>144</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>6 stages of slickwater frac with 21,599 bbls of frac fluid and 704,727 lbs of 30/50 white sand proppant</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>05/28/2011</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>182</u> Bbls H2O: <u>231</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>182</u> Bbls H2O: <u>231</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>500</u> Tubing PSI: <u>200</u> Choke Size: <u>32/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u> BTU Gas: <u>1068</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7369</u> Tbg setting date: <u>05/27/2011</u> Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: _____	Sacks cement on top: _____

Comment:

Subsequent Form 5A

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**

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

Total: 0 comment(s)