

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:

400174995

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 05-077-08817-00	6. County: MESA
7. Well Name: MCDANIEL	Well Number: 11-9
8. Location: QtrQtr: NWSE Section: 11 Township: 9S Range: 94W Meridian: 6	
9. Field Name: BRUSH CREEK	Field Code: 7562

Completed Interval

FORMATION: COZZETTEStatus: PRODUCINGTreatment Date: 05/02/2011Date of First Production this formation: 05/31/2011Perforations Top: 7980 Bottom: 8025 No. Holes: 18 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐1 stage of slickwater frac with 2,957 bbls of frac fluid and 99,632 lbs of 30/50 white sand proppantThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 05/28/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 46 Bbls H2O: 58Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 46 Bbls H2O: 58 GOR: 0Test Method: Flowing Casing PSI: 500 Tubing PSI: 200 Choke Size: Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1068 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 7369 Tbg setting date: 05/27/2011 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: FORMATION: WILLIAMS FORK - CAMEOStatus: PRODUCINGTreatment Date: 05/05/2011Date of First Production this formation: 05/31/2011Perforations Top: 6058 Bottom: 7323 No. Holes: 144 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐6 stages of slickwater frac with 21,599 bbls of frac fluid and 704,727 lbs of 30/50 white sand proppantThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 05/28/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 182 Bbls H2O: 231Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 182 Bbls H2O: 231 GOR: 0Test Method: Flowing Casing PSI: 500 Tubing PSI: 200 Choke Size: 32/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1068 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 7369 Tbg setting date: 05/27/2011 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:

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 ProulxTitle: 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

User Group	Comment	Comment Date

Total: 0 comment(s)