

**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:

400142408

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: 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 05-077-09592-00 6. County: MESA
7. Well Name: GIPP Well Number: 18-13
8. Location: QtrQtr: NWSW Section: 18 Township: 9S Range: 93W Meridian: 6
9. Field Name: BRUSH CREEK Field Code: 7562

Completed IntervalFORMATION: COZZETTE Status: PRODUCING

Treatment Date: 12/17/2009 Date of First Production this formation: 01/17/2010
Perforations Top: 7963 Bottom: 8056 No. Holes: 24 Hole size: 37/100

Provide a brief summary of the formation treatment: Open Hole: ☐1 stage of slickwater frac with 3,844 bbls of frac fluid and 133,355 lbs of 20/40 white sand proppantThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 01/19/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 287 Bbls H2O: 129
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 287 Bbls H2O: 129 GOR: 0
Test Method: Flowing Casing PSI: 1650 Tubing PSI: 950 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1026 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7259 Tbg setting date: 01/07/2010 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: 12/17/2009 Date of First Production this formation: 01/17/2010

Perforations Top: 5710 Bottom: 7456 No. Holes: 150 Hole size: 37/100

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

6 stages of slickwater frac with 20,968 bbls of frac fluid and 803,540 lbs of 20/40 white sand proppant

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 01/19/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1150 Bbls H2O: 516

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1150 Bbls H2O: 516 GOR: 0

Test Method: Flowing Casing PSI: 1650 Tubing PSI: 950 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1026 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7259 Tbg setting date: 01/07/2010 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

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: 3/14/2011 Email joan_proulx@oxy.com

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Attachment Check List

Att Doc Num	Name
400142408	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)