

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:  
400189572

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>05-077-09178-00</u>	6. County: <u>MESA</u>
7. Well Name: <u>GUNDERSON</u>	Well Number: <u>18-5</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>18</u> Township: <u>9S</u> Range: <u>93W</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: 05/02/2007 Date of First Production this formation: 09/04/2007

Perforations Top: 8318 Bottom: 8354 No. Holes: 15 Hole size: 34/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

1 stage of slickwater frac with 1,583 bbls of frac fluid and 55,219 lbs of 20/40 white sand proppant

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 07/24/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 53 Bbls H2O: 27

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 53 Bbls H2O: 27 GOR: 0

Test Method: Flowing Casing PSI: 546 Tubing PSI: 180 Choke Size: 32/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7565 Tbg setting date: 07/22/2011 Packer Depth: \_\_\_\_\_

Reason for Non-Production:

Repair work was done on the Gunderson 18-5 well due to deep pitting and a hard solid scale in the tubing. The damaged tubing was pulled and new tubing was re-landed at 7,565'. The well was put on flowback then returned to production on 7/25/2011.

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: 05/02/2007 Date of First Production this formation: 09/04/2007

Perforations Top: 5963 Bottom: 7597 No. Holes: 171 Hole size: 34/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

10 stages of slickwater frac with 21,052 bbls of frac fluid and 780,904 lbs of 20/40 white sand proppant

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 07/24/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 212 Bbls H2O: 108

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 212 Bbls H2O: 108 GOR: 0

Test Method: Flowing Casing PSI: 546 Tubing PSI: 180 Choke Size: 32/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7565 Tbg setting date: 07/22/2011 Packer Depth: \_\_\_\_\_

Reason for Non-Production:

Repair work was done on the Gunderson 18-5 well due to deep pitting and a hard solid scale in the tubing. The damaged tubing was pulled and new tubing was re-landed at 7,565'. The well was put on flowback then returned to production on 7/25/2011.

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: \_\_\_\_\_

joan\_proulx@oxy.com

Email  
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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)