

**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:

1948042

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>66571</u>	4. Contact Name: <u>JOAN PROULX</u>
2. Name of Operator: <u>OXY USA WTP LP</u>	Phone: <u>(713) 215-7000</u>
3. Address: <u>P O BOX 27757</u>	Fax: <u>(713) 215-7545</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227</u>	

5. API Number <u>05-045-15782-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>CC</u>	Well Number: <u>697-16-48B</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>16</u> Township: <u>6S</u> Range: <u>97W</u> Meridian: <u>6</u>	
9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u>	

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 11/10/2008 Date of First Production this formation: 11/25/2008

Perforations Top: 7685 Bottom: 7690 No. Holes: 15 Hole size: 35/100

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

1 STAGE SLICKWATER FRAC W/ 2161 BBLS 2% KCl & 55,000# 20/40 WHITE SAND

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/08/2008 Hours: 24 Bbls oil: 0 Mcf Gas: 145 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 145 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1752 Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1109 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7090 Tbg setting date: 09/14/2009 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: 01/10/2008 Date of First Production this formation: 11/25/2008

Perforations Top: 5929 Bottom: 7465 No. Holes: 135 Hole size: 35/100

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

5 STAGES SLICKWATER FRAC W/ 16,423 BBLS 2% KCl & 591,127# 20/40 WHITE SAND

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/08/2008 Hours: 24 Bbls oil: 0 Mcf Gas: 1669 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1669 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1752 Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1109 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7090 Tbg setting date: 09/14/2009 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: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y Print Name: JOAN_PROULX

Title: REG ADMIN ASST Date: 10/28/2009 JOAN_PROULX@OXY.COM

Email
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	APPROVED AS PART OF OLD FORM 5A CLEANUP. DOC #1948042. FOUND COMPLETE WELL FILE. SUBMITTED FOR PRIORITY SCANNING.	8/23/2011 11:18:59 AM

Total: 1 comment(s)