

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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Document Number:

1665422

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: 66571

4. Contact Name: JOAN PROULX

2. Name of Operator: OXY USA WTP LP

Phone: (713) 215-7000

3. Address: P O BOX 27757

Fax: (713) 215-7545

City: HOUSTON State: TX Zip: 77227

5. API Number 05-045-15448-00

6. County: GARFIELD

7. Well Name: CC

Well Number: 697-16-63

8. Location: QtrQtr: SWSE Section: 16 Township: 6S Range: 97W Meridian: 6

9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 12/19/2008 Date of First Production this formation: 12/02/2008
Perforations Top: 7251 Bottom: 7258 No. Holes: 21 Hole size: 36/100

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

1 STAGE OF SLICKWATER FRAC WITH 3,494 BBLS OF 2% KCl AND 97,656 LBS OF 20/40 OTTOWA WHITE SAND

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

Test Information:

Date: 01/28/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 111 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 111 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1111 Tubing PSI: 21 Choke Size: 16
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1193 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6602 Tbg setting date: 08/29/2009 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: 12/19/2008 Date of First Production this formation: _____
Perforations Top: 5306 Bottom: 7232 No. Holes: 228 Hole size: 36/100

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

8 STAGES OF SLICKWATER FRAC WITH 23,006 BBLS OF 2% KCl AND 904,128 LBS OF 20/40 OTTOWA WHITE SAND

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

Test Information:

Date: 01/28/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 994 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 994 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1111 Tubing PSI: _____ Choke Size: 16
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1193 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6602 Tbg setting date: 08/29/2009 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: REGULATORY ADMIN. ASST. Date: 10/29/2009 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 #1665422	8/23/2011 1:26:43 PM

Total: 1 comment(s)