

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:  
2609419

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>05-045-15357-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>CC</u>	Well Number: <u>697-16-52B</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: 12/17/2008 Date of First Production this formation: 11/14/2008

Perforations Top: 7233 Bottom: 7240 No. Holes: 21 Hole size: 35/100

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

1 STAGE OF SLICKWATER FRAC WITH 5037 BBLs OF 2% KCl AND 152000 LBS OF 20/40 OTTAWA WHITE SAND.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 12/23/2008 Hours: 24 Bbls oil: 0 Mcf Gas: 185 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 185 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1462 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1996 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6512 Tbg setting date: 10/27/2009 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: 12/17/2008 Date of First Production this formation: 11/14/2008

Perforations Top: 5098 Bottom: 7195 No. Holes: 219 Hole size: 35/100

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

8 STAGES OF SLICKWATER FRAC WITH 22091 BBLs OF 2% KCl AND 851076 LBS OF 20/40 OTTAWA WHITE SAND

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 12/23/2008 Hours: 24 Bbls oil: 0 Mcf Gas: 1664 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1664 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1462 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1996 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6512 Tbg setting date: 10/27/2009 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: 11/6/2009 JOAN\_PROULX@OXY.COM

Email  
:

### **Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>

Total Attach: 0 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	APPROVED AS PART OF OLD FORM 5A CLEANUP. DOC #2609419. FOUND COMPLETE WELL FILE. SUBMITTED FOR PRIORITY SCANNING FOR PAPER LOGS, D.S., CMT. SUMM.	8/23/2011 3:53:28 PM

Total: 1 comment(s)