

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:

400193174

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 05-077-09228-00

6. County: MESA

7. Well Name: NICHOLS

Well Number: 24-6

8. Location: QtrQtr: SENW Section: 24 Township: 9S Range: 94W Meridian: 6

9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: COZZETTE

Status: PRODUCING

Treatment Date: 10/10/2007

Date of First Production this formation: 11/15/2007

Perforations Top: 7223 Bottom: 7497 No. Holes: 9 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Pumped 835 bbls water, 375 sks sand

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

Test Information:

Date: 11/13/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 245 Bbls H2O: 32

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 245 Bbls H2O: 32 GOR: 0

Test Method: Flowing Casing PSI: 1900 Tubing PSI: 1450 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1071 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7085 Tbg setting date: 08/02/2011 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: CORCORAN Status: PRODUCING

Treatment Date: 10/10/2007 Date of First Production this formation: 11/15/2007

Perforations Top: 7498 Bottom: 7678 No. Holes: 9 Hole size: 34/100

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

Pumped 900 bbls water and 225 sks sand

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

Test Information:

Date: 11/13/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 345 Bbls H2O: 25

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 345 Bbls H2O: 25 GOR: 0

Test Method: Flowing Casing PSI: 1900 Tubing PSI: 1450 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1071 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7085 Tbg setting date: 08/02/2011 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: 10/10/2007 Date of First Production this formation: 11/15/2007

Perforations Top: 5661 Bottom: 6927 No. Holes: 90 Hole size: 34/100

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

Pumped 11,227 bbls water and 4,279 sks sand

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

Test Information:

Date: 11/13/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 2363 Bbls H2O: 228

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 2363 Bbls H2O: 228 GOR: 0

Test Method: Flowing Casing PSI: 1900 Tubing PSI: 1450 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1071 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7085 Tbg setting date: 08/02/2011 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.
Repair work occurred 7/28/2011 through 8/4/2011 to repair tubing due to holes and pitting in tubing. Well was swabbed and tubing was re-landed at 7,085'.

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: 8/8/2011 joan_proulx@oxy.com

Email
:

Attachment Check List

Att Doc Num	Name
400193174	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)