

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



|    |    |    |    |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

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**

| <b>Att Doc Num</b> | <b>Name</b>       |
|--------------------|-------------------|
| 400193174          | FORM 5A SUBMITTED |

Total Attach: 1 Files

### **General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       |                            |

Total: 0 comment(s)