

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:
400174880

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>66561</u>	4. Contact Name: <u>Joan Proulx</u>
2. Name of Operator: <u>OXY USA INC</u>	Phone: <u>(970) 263.3641</u>
3. Address: <u>PO BOX 27757</u>	Fax: <u>(970) 263.3694</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227</u>	

5. API Number <u>05-077-09071-00</u>	6. County: <u>MESA</u>
7. Well Name: <u>MCDANIEL FEDERAL</u>	Well Number: <u>2-12</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>2</u> Township: <u>9S</u> Range: <u>94W</u> Meridian: <u>6</u>	
9. Field Name: <u>BRUSH CREEK</u> Field Code: <u>7562</u>	

Completed Interval

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 12/08/2006 Date of First Production this formation: 09/06/2007

Perforations Top: 8634 Bottom: 8702 No. Holes: 18 Hole size: 34/100

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

Slickwater frac with 500 gals of frac fluid and 76,000 lbs of 20/40 white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/14/2006 Hours: 24 Bbls oil: 0 Mcf Gas: 315 Bbls H2O: 53

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 315 Bbls H2O: 53 GOR: 0

Test Method: Flowing Casing PSI: 1500 Tubing PSI: 800 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8322 Tbg setting date: 10/28/2010 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: 12/05/2006 Date of First Production this formation: 09/06/2007

Perforations Top: 6784 Bottom: 7839 No. Holes: 96 Hole size: 34/100

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

Slickwater frac with 3,000 gals of frac fluid and 485,400 lbs of 20/40 white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/14/2006 Hours: 24 Bbls oil: 0 Mcf Gas: 1259 Bbls H2O: 211

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1259 Bbls H2O: 211 GOR: 0

Test Method: Flowing Casing PSI: 1500 Tubing PSI: 800 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8322 Tbg setting date: 10/28/2010 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
Due to a tubing restriction, work was done to repair the well. The plunger was retrieved, tubing was re-landed at 8322' and the well was returned to production.

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

Attachment Check List

Att Doc Num	Name
400174880	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Zones are not comingled. Form corrected per J. P. (Oxy). NKP	8/24/2011 3:27:32 PM
Permit	Per opr, 400174880 retained, 400173983 and 400173988 deleted as duplicates. Question to opr about producing and comingled zones. NKP	8/16/2011 2:30:53 PM
Permit	Possible duplicate - check with opr. NKP	8/12/2011 3:24:10 PM

Total: 3 comment(s)