

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

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 05-077-09595-00 6. County: MESA
 7. Well Name: MCDANIEL Well Number: 14-6A
 8. Location: QtrQtr: NENW Section: 14 Township: 9S Range: 94W Meridian: 6
 9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
 Treatment Date: 04/21/2010 Date of First Production this formation: 07/28/2010
 Perforations Top: 5797 Bottom: 7224 No. Holes: 147 Hole size: 35/100
 Provide a brief summary of the formation treatment: 6 stages of slickwater frac with 19,721 bbls of frac fluid and 787,091 lbs of 30/50 white sand proppant Open Hole:
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 10/12/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 386 Bbls H2O: 75
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 386 Bbls H2O: 75 GOR: 0
 Test Method: Flowing Casing PSI: 508 Tubing PSI: 165 Choke Size: 48/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1060 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6729 Tbg setting date: 10/06/2011 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:
Repair work occurred on the McDaniel 14-6A well from 10/5/11-10/10/11. Found two bad joint with holes from 1870'-1960'. Tubing was pulled and well was swabbed to clean out. Tubing was re-landed at 6729' and well was turned 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
Title: Regulatory Analyst Date: _____ Email joan_proulx@oxy.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)