

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:

400249738

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

2. Name of Operator: OXY USA INC

3. Address: PO BOX 27757

City: HOUSTON State: TX Zip: 77227

4. Contact Name: Joan Proulx

Phone: (970) 263-3641

Fax: (970) 263-3694

5. API Number 05-077-09725-00

7. Well Name: STITES

6. County: MESA

Well Number: 20-8A

8. Location: QtrQtr: SENE Section: 20 Township: 9S Range: 94W Meridian: 6

9. Field Name: BUZZARD CREEK Field Code: 9500

Completed Interval

FORMATION: WILLIAMS FORK

Status: SHUT IN

Treatment Date: 10/11/2011

Date of First Production this formation:

Perforations Top: 4486 Bottom: 4983 No. Holes: 51 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

2 stages of slickwater frac with 7,140 bbls of frac fluid and 261,760 lbs of white sand proppant

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

Test Information:

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:

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

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4485 Tbg setting date: 10/24/2011 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:

Form 5A to report frac'ing operations on the Stites 20-8A well, as part of the operational process to convert this well to an SWD.

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: 2/7/2012 Email joan\_proulx@oxy.com

### Attachment Check List

Att Doc Num	Name
400249738	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

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