

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



Table with 4 columns: DE, ET, OE, ES

Document Number: 400253893

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: 66571
2. Name of Operator: OXY USA WTP LP
3. Address: P O BOX 27757
City: HOUSTON State: TX Zip: 77227
4. Contact Name: Joan Proulx
Phone: (970) 263-3641
Fax: (970) 263-3694

5. API Number 05-045-17879-00
6. County: GARFIELD
7. Well Name: SHELL
Well Number: 697-34-16A
8. Location: QtrQtr: NWNE Section: 3 Township: 7S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 02/11/2010 Date of First Production this formation: 02/23/2010

Perforations Top: 5530 Bottom: 7170 No. Holes: 159 Hole size: 36/100

Provide a brief summary of the formation treatment: Open Hole: []

7 stages of slickwater frac with 57,365 bbls of frac fluid and 987,156 lbs of white sand proppant

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 01/30/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 360 Bbls H2O: 158

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 360 Bbls H2O: 158 GOR: 0

Test Method: Flowing Casing PSI: 785 Tubing PSI: 442 Choke Size: 24/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6663 Tbg setting date: 01/27/2012 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 Shell 697-34-16A well to repair holes in the tubing. 24 joints of tubing were replaced tubing was relanded at 6,663' 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

Title: Regulatory Analyst Date: 2/21/2012 Email joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Name
400253893	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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