

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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

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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: 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 05-045-17586-00
6. County: GARFIELD
7. Well Name: SHELL
Well Number: 697-34-22A
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: 03/27/2010 Date of First Production this formation: 04/09/2010

Perforations Top: 5130 Bottom: 6604 No. Holes: 159 Hole size: 35/100

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

7 stages of slickwater frac with 24,923 bbls of frac fluid and 918,348 lbs of white sand proppant

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

Test Information:

Date: 02/10/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 790 Bbls H2O: 192

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 790 Bbls H2O: 192 GOR: 0

Test Method: Flowing Casing PSI: 724 Tubing PSI: 547 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1877 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6112 Tbg setting date: 02/09/2012 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 697-34-22A well; 31 joints of tubing were damaged by pitting and were removed. The well was cleaned out and circulated, and tubing was re-landed on 2/9/2012. Bradenhead reading on 2/10/2012 was 40 psig.

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: 2/22/2012 Email joan\_proulx@oxy.com

### Attachment Check List

Att Doc Num	Name
400254218	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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