

**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: <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>05-077-09585-00</u>	6. County: <u>MESA</u>
7. Well Name: <u>GIPP</u>	Well Number: <u>18-14</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>18</u> Township: <u>9S</u> Range: <u>93W</u> Meridian: <u>6</u>	
9. Field Name: <u>BRUSH CREEK</u> Field Code: <u>7562</u>	

### Completed Interval

FORMATION: <u>COZZETTE</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/21/2009</u>	Date of First Production this formation: <u>02/03/2010</u>
Perforations Top: <u>8154</u> Bottom: <u>8189</u>	No. Holes: <u>18</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>1 stage of slickwater frac with 2,707 bbls of frac fluid and 93,606 lbs of white sand proppant</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>03/24/2012</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>48</u> Bbls H2O: <u>1</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>48</u> Bbls H2O: <u>1</u> GOR: <u>0</u>
Test Method: <u>Flowing</u> Casing PSI: <u>654</u> Tubing PSI: <u>306</u> Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1007</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7438</u> Tbg setting date: <u>03/19/2012</u> Packer Depth: _____	
Reason for Non-Production: <input type="text"/>	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/22/2009</u>	Date of First Production this formation: <u>02/03/2010</u>
Perforations Top: <u>5917</u> Bottom: <u>6178</u>	No. Holes: <u>138</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>5 stages of slickwater frac with 18,008 bbls of frac fluid and 664,118 lbs of white sand proppant</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>03/24/2012</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>192</u> Bbls H2O: <u>5</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>192</u> Bbls H2O: <u>5</u> GOR: <u>0</u>
Test Method: <u>Flowing</u> Casing PSI: <u>654</u> Tubing PSI: <u>306</u> Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1007</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7438</u> Tbg setting date: <u>03/19/2012</u> Packer Depth: _____	
Reason for Non-Production: <input type="text"/>	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

Comment:

Repair work occurred on the Gipp 18-14 well from 3/13/12 - 3/22/12 for a hole in the tubing. Tubing was pulled and re-landed at 7,438', 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: \_\_\_\_\_

Email: joan\_proulx@oxy.com

### **Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>

Total Attach: 0 Files

### **General Comments**

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

Total: 0 comment(s)