

**FORM
5A**
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400281431

Date Received:

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>66571</u>	4. Contact Name: <u>Joan Proulx</u>
2. Name of Operator: <u>OXY USA WTP LP</u>	Phone: <u>(970) 263-3641</u>
3. Address: <u>P O 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>05-045-15782-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>CC</u>	Well Number: <u>697-16-48B</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>16</u> Township: <u>6S</u> Range: <u>97W</u> Meridian: <u>6</u>	
9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u>	

Completed Interval

FORMATION: ROLLINS Status: PLUGGED AND ABANDONED

Treatment Date: 11/10/2008 Date of First Production this formation: 11/25/2008
Perforations Top: 7685 Bottom: 7690 No. Holes: 15 Hole size: 35/100

Provide a brief summary of the formation treatment: _____ Open Hole:

1 stage of slickwater frac with 2,161 bbls of frac fluid and 55,000 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: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Poor production

Date formation Abandoned: 03/02/2012 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7406 Sacks cement on top: 2

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 11/10/2008 Date of First Production this formation: 11/25/2008
Perforations Top: 5929 Bottom: 7465 No. Holes: 135 Hole size: 35/100

Provide a brief summary of the formation treatment: _____ Open Hole:

5 stages of slickwater frac with 16,423 bbls of frac fluid and 591,127 lbs of white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/03/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 481 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 481 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 442 Tubing PSI: 190 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1063 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6942 Tbg setting date: 03/02/2012 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:

Workover and repair work occurred on this well for holes in the tubing and to abandon the RLNS formation. The delay in submitting the form was due to not receiving the wireline ticket until 5/4/2012 for work done on 3/2/2012.

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

Att Doc Num	Name
400281432	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)