

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: 66571

4. Contact Name: Joan Proulx

2. Name of Operator: OXY USA WTP LP

Phone: (970) 263-3641

3. Address: P O BOX 27757

Fax: (970) 263-3694

City: HOUSTON State: TX Zip: 77227

5. API Number 05-045-15782-00

6. County: GARFIELD

7. Well Name: CC

Well Number: 697-16-48B

8. Location: QtrQtr: SWSE Section: 16

Township: 6S

Range: 97W

Meridian: 6

9. Field Name: GRAND VALLEY

Field Code: 31290

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

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Attachment Check List

Att Doc Num	Name
400281432	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)