

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:

400285218

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: 66561

4. Contact Name: Joan Proulx

2. Name of Operator: OXY USA INC

Phone: (970) 263-3641

3. Address: PO BOX 27757

Fax: (970) 263-3694

City: HOUSTON State: TX Zip: 77227

5. API Number 05-077-08943-00

6. County: MESA

7. Well Name: MY WAY RANCH

Well Number: 17-8

8. Location: QtrQtr: SWNE Section: 17 Township: 10S Range: 94W Meridian: 6

9. Field Name: PLATEAU Field Code: 69300

Completed Interval

FORMATION: COZZETTE

Status: PRODUCING

Treatment Date: 12/15/2005

Date of First Production this formation: 01/18/2006

Perforations Top: 6048 Bottom: 6095 No. Holes: 9 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

250 gals acid, 37,237 lbs of 20/40 white sand proppant, 38,199 gals flush

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 05/10/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 113 Bbls H2O: 5

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 113 Bbls H2O: 5 GOR: 0

Test Method: Flowing Casing PSI: 465 Tubing PSI: 229 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1068 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5747 Tbg setting date: 05/08/2012 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:

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 12/15/2005 Date of First Production this formation: 01/18/2006
Perforations Top: 6206 Bottom: 6206 No. Holes: 6 Hole size: 34/100

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

250 gals acid, 37,237 lbs 20/40 white sand proppant, 38,199 gals flush

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 05/10/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 113 Bbls H2O: 5
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 113 Bbls H2O: 5 GOR: 0
Test Method: Flowing Casing PSI: 465 Tubing PSI: 229 Choke Size: 28/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1068 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5747 Tbg setting date: 05/08/2012 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: _____

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 12/15/2005 Date of First Production this formation: 01/18/2006
Perforations Top: 4860 Bottom: 5220 No. Holes: 33 Hole size: 34/100

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

1,000 glns scid, 145,422 lbs of 20/40 white sand proppant, 164,976 gals of flush

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 05/10/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 338 Bbls H2O: 13
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 338 Bbls H2O: 13 GOR: 0
Test Method: Flowing Casing PSI: 465 Tubing PSI: 229 Choke Size: 28/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1068 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5747 Tbg setting date: 05/08/2012 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:

Work occurred on the My Way Ranch 17-8 well to repair a hole in the tubing.

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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)