

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



DE	ET	OE	ES
----	----	----	----

Document Number:  
400285232

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 05-077-08819-00 6. County: MESA  
 7. Well Name: MY WAY RANCH FEDERAL Well Number: 31-13  
 8. Location: QtrQtr: NWNW Section: 6 Township: 10S Range: 94W Meridian: 6  
 9. Field Name: PLATEAU Field Code: 69300

Completed Interval

FORMATION: COZZETTE Status: PRODUCING

Treatment Date: \_\_\_\_\_ Date of First Production this formation: 05/05/2005

Perforations Top: 5685 Bottom: 5720 No. Holes: 12 Hole size: 34/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

500 glns acid; 44,500 lbs 20/40 white sand proppant; 49,225 glns flush

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 05/12/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 50 Bbls H2O: 2

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 50 Bbls H2O: 2 GOR: 0

Test Method: Flowing Casing PSI: 244 Tubing PSI: 127 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1085 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5664 Tbg setting date: 05/03/2012 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: \_\_\_\_\_ Date of First Production this formation: 05/05/2005

Perforations Top: 5828 Bottom: 5919 No. Holes: 15 Hole size: 34/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

50,500 lbs 20/40 white sand proppant; 56,317 glns flush

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 05/12/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 50 Bbls H2O: 2

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 50 Bbls H2O: 2 GOR: 0

Test Method: Flowing Casing PSI: 244 Tubing PSI: 127 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1085 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5664 Tbg setting date: 05/03/2012 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: \_\_\_\_\_ Date of First Production this formation: 05/05/2005

Perforations Top: 4259 Bottom: 5132 No. Holes: 51 Hole size: 34/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

1,500 glns acid; 260,200 lbs 20/40 white sand proppant; 265,109 glns flush

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 05/12/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 149 Bbls H2O: 7

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 149 Bbls H2O: 7 GOR: 0

Test Method: Flowing Casing PSI: 244 Tubing PSI: 127 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1085 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5664 Tbg setting date: 05/03/2012 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 Federal 31-13 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**

<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)