

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:  
400285726

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>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>05-077-09166-00</u>	6. County: <u>MESA</u>
7. Well Name: <u>WOODS-SPANGLER</u>	Well Number: <u>15-12</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>15</u> Township: <u>9S</u> Range: <u>94W</u> Meridian: <u>6</u>	
9. Field Name: <u>BRUSH CREEK</u> Field Code: <u>7562</u>	

### Completed Interval

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 08/23/2007 Date of First Production this formation: 02/01/2008

Perforations Top: 7523 Bottom: 7588 No. Holes: 15 Hole size: 34/100

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

1 stage of slickwater frac with 2,248 bbls of frac fluid and 77,921 lbs of white sand proppant

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 05/12/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 46 Bbls H2O: 2

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 46 Bbls H2O: 2 GOR: 0

Test Method: Flowing Casing PSI: 416 Tubing PSI: 195 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1067 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6845 Tbg setting date: 05/10/2012 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: 08/23/2007 Date of First Production this formation: 02/01/2008

Perforations Top: 5696 Bottom: 6894 No. Holes: 87 Hole size: 34/100

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

6 stages of slickwater frac with 12,609 bbls of frac fluid and 442,011 lbs of white sand proppant

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 05/12/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 182 Bbls H2O: 9

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 182 Bbls H2O: 9 GOR: 0

Test Method: Flowing Casing PSI: 416 Tubing PSI: 195 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1067 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6845 Tbg setting date: 05/10/2012 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 Woods Spangler 15-12 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: \_\_\_\_\_ joan\_proulx@oxy.com

Email  
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### **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)