

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: 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 05-077-09166-00

6. County: MESA

7. Well Name: WOODS-SPANGLER

Well Number: 15-12

8. Location: QtrQtr: SWSW Section: 15

Township: 9S

Range: 94W

Meridian: 6

9. Field Name: BRUSH CREEK

Field Code: 7562

Completed Interval

FORMATION: CORCORANStatus: PRODUCINGTreatment Date: 08/23/2007Date of First Production this formation: 02/01/2008Perforations 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 proppantThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 05/12/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 46 Bbls H2O: 2Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 46 Bbls H2O: 2 GOR: 0Test Method: Flowing Casing PSI: 416 Tubing PSI: 195 Choke Size: 28/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1067 API Gravity Oil: 0Tubing 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 - CAMEOStatus: PRODUCINGTreatment Date: 08/23/2007Date of First Production this formation: 02/01/2008Perforations 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 proppantThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 05/12/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 182 Bbls H2O: 9Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 182 Bbls H2O: 9 GOR: 0Test Method: Flowing Casing PSI: 416 Tubing PSI: 195 Choke Size: 28/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1067 API Gravity Oil: 0Tubing 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 ProulxTitle: Regulatory Analyst Date: _____ joan_proulx@oxy.com

Email
:

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)