

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:
400290593

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>05-077-08858-00</u>	6. County: <u>MESA</u>
7. Well Name: <u>GUNDERSON</u>	Well Number: <u>12-6</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>12</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: 04/23/2005 Date of First Production this formation: 07/08/2005

Perforations Top: 8798 Bottom: 8898 No. Holes: 15 Hole size: 32/100

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

400 glns acid; 41,000 lbs white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/27/2012 Hours: 20 Bbls oil: 0 Mcf Gas: 30 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 36 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 674 Tubing PSI: 116 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1015 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7587 Tbg setting date: 05/02/2012 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: _____

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 04/23/2005 Date of First Production this formation: 07/08/2005

Perforations Top: 6835 Bottom: 7956 No. Holes: 87 Hole size: 32/100

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

2,750 glns acid; 318,091 lbs white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/27/2012 Hours: 20 Bbls oil: 0 Mcf Gas: 120 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 143 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 674 Tubing PSI: 116 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1015 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7587 Tbg setting date: 05/02/2012 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:

Repair work occurred on this 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
:

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)