

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 City: HOUSTON State: TX Zip: 77227 Fax: (970) 263-3694

5. API Number 05-077-09593-00 6. County: MESA 7. Well Name: GIPP Well Number: 18-13B 8. Location: QtrQtr: NWSW Section: 18 Township: 9S Range: 93W Meridian: 6 9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: Treatment Date: 12/12/2009 End Date: Date of First Production this formation: 01/18/2010 Perforations Top: 5858 Bottom: 7345 No. Holes: 99 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: 5 stages of slickwater frac with 16,222 bbls of frac fluid and 621,229 lbs of white sand proppant

This formation is commingled with another formation: Yes No Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Number of staged intervals: Total acid used in treatment (bbl): Max frac gradient (psi/ft): Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/01/2012 Hours: 12 Bbl oil: 0 Mcf Gas: 169 Bbl H2O: 12 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 338 Bbl H2O: 24 GOR: 0 Test Method: Flowing Casing PSI: 253 Tubing PSI: 181 Choke Size: 22/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1043 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7274 Tbg setting date: 03/14/2012 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 Gipp 18-13B well to repair holes 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: 5/3/2012 Email joan_proulx@oxy.com
:

Attachment Check List

Att Doc Num	Name
400280529	FORM 5A SUBMITTED

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

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