

FORM
5ARev
06/12

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:

400280770

Date Received:

05/03/2012

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 05-077-08870-00

6. County: MESA

7. Well Name: MY WAY RANCH

Well Number: 8-14

8. Location: QtrQtr: SESW

Section: 8

Township: 10S

Range: 94W

Meridian: 6

9. Field Name: PLATEAU

Field Code: 69300

Completed Interval

FORMATION: COZZETTE

Status: PRODUCING

Treatment Type:

Treatment Date: 08/10/2005

End Date:

Date of First Production this formation: 08/31/2005

Perforations

Top: 5786

Bottom: 5832

No. Holes: 15

Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

1 stage of slickwater frac with 1,223 bbls of frac fluid and 42,000 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: 04/20/2012

Hours: 12

Bbl oil: 0

Mcf Gas: 15

Bbl H2O: 1

Calculated 24 hour rate:

Bbl oil: 0

Mcf Gas: 30

Bbl H2O: 2

GOR: 0

Test Method: Flowing

Casing PSI: 345

Tubing PSI: 192

Choke Size: 32/64

Gas Disposition: SOLD

Gas Type: DRY

Btu Gas: 1121

API Gravity Oil: 0

Tubing Size: 2 + 3/8

Tubing Setting Depth: 5511

Tbg setting date: 03/08/2012

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 Type: _____

Treatment Date: 08/10/2005 End Date: _____ Date of First Production this formation: 08/31/2005

Perforations Top: 5933 Bottom: 5957 No. Holes: 12 Hole size: 34/100

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

1 stage of slickwater frac with 948 bbls of frac fluid and 27,900 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: 04/20/2012 Hours: 12 Bbl oil: 0 Mcf Gas: 15 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 30 Bbl H2O: 2 GOR: 0

Test Method: Flowing Casing PSI: 345 Tubing PSI: 192 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1121 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5511 Tbg setting date: 03/08/2012 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: <u>ROLLINS</u>		Status: <u>PRODUCING</u>		Treatment Type: _____	
Treatment Date: <u>08/17/2005</u>		End Date: _____		Date of First Production this formation: <u>08/31/2005</u>	
Perforations	Top: <u>5376</u>	Bottom: <u>5498</u>	No. Holes: <u>18</u>	Hole size: <u>34/100</u>	

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

1 stage of slickwater frac with 1,743 bbls of frac fluid and 65,000 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: <input type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>04/20/2012</u>	Hours: <u>12</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>30</u>	Bbl H2O: <u>2</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>60</u>	Bbl H2O: <u>4</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>345</u>	Tubing PSI: <u>192</u>	Choke Size: <u>32/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1121</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>5511</u>	Tbg setting date: <u>03/08/2012</u>	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 Type: _____

Treatment Date: 08/24/2005 End Date: _____ Date of First Production this formation: 08/31/2005

Perforations Top: 4613 Bottom: 4898 No. Holes: 30 Hole size: 34/100

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

2 stages of slickwater frac with 2,664 bbls of frac fluid and 98,500 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: 04/20/2012 Hours: 12 Bbl oil: 0 Mcf Gas: 90 Bbl H2O: 6

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 180 Bbl H2O: 12 GOR: 0

Test Method: Flowing Casing PSI: 345 Tubing PSI: 192 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1121 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5511 Tbg setting date: 03/08/2012 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 8-14 well to repair 2 holes in the tubing.
Also, this Form 5A will correct the information on the original Form 5A dated 9/26/2005.

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
400280770	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)