

FORM  
5A

Rev  
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:

400285218

Date Received:

05/16/2012

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

2. Name of Operator: OXY USA INC

3. Address: PO BOX 27757

City: HOUSTON

State: TX

Zip: 77227

4. Contact Name: Joan Proulx

Phone: (970) 263-3641

Fax: (970) 263-3694

5. API Number 05-077-08943-00

7. Well Name: MY WAY RANCH

6. County: MESA

Well Number: 17-8

8. Location: QtrQtr: SWNE

Section: 17

Township: 10S

Range: 94W

Meridian: 6

9. Field Name: PLATEAU

Field Code: 69300

Completed Interval

FORMATION: COZZETTE

Status: PRODUCING

Treatment Type:

Treatment Date: 12/15/2005

End Date:

Date of First Production this formation: 01/18/2006

Perforations Top: 6048

Bottom: 6095

No. Holes: 9

Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

250 gals acid, 37,237 lbs of 20/40 white sand proppant, 38,199 gals flush

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: 05/10/2012

Hours: 24

Bbl oil: 0

Mcf Gas: 113

Bbl H2O: 5

Calculated 24 hour rate:

Bbl oil: 0

Mcf Gas: 113

Bbl H2O: 5

GOR: 0

Test Method: Flowing

Casing PSI: 465

Tubing PSI: 229

Choke Size: 28/64

Gas Disposition: SOLD

Gas Type: DRY

Btu Gas: 1068

API Gravity Oil: 0

Tubing Size: 2 + 3/8

Tubing Setting Depth: 5747

Tbg setting date: 05/08/2012

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>CORCORAN</u>		Status: <u>PRODUCING</u>		Treatment Type: _____	
Treatment Date: <u>12/15/2005</u>		End Date: _____		Date of First Production this formation: <u>01/18/2006</u>	
Perforations	Top: <u>6206</u>	Bottom: <u>6206</u>	No. Holes: <u>6</u>	Hole size: <u>34/100</u>	

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

250 gals acid, 37,237 lbs 20/40 white sand proppant, 38,199 gals flush

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>05/10/2012</u>	Hours: <u>24</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>113</u>	Bbl H2O: <u>5</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>113</u>	Bbl H2O: <u>5</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>465</u>	Tubing PSI: <u>229</u>	Choke Size: <u>28/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1068</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>5747</u>	Tbg setting date: <u>05/08/2012</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: 12/15/2005 End Date: \_\_\_\_\_ Date of First Production this formation: 01/18/2006  
Perforations Top: 4860 Bottom: 5220 No. Holes: 33 Hole size: 34/100  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

1,000 glns scid, 145,422 lbs of 20/40 white sand proppant, 164,976 gals of flush

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: 05/10/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 338 Bbl H2O: 13  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 338 Bbl H2O: 13 GOR: 0  
Test Method: Flowing Casing PSI: 465 Tubing PSI: 229 Choke Size: 28/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1068 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5747 Tbg setting date: 05/08/2012 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 17-8 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: 5/16/2012 Email joan\_proulx@oxy.com

#### Attachment Check List

Att Doc Num	Name
400285218	FORM 5A SUBMITTED

Total Attach: 1 Files

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)