

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:

400285232

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 05-077-08819-00

6. County: MESA

7. Well Name: MY WAY RANCH FEDERAL

Well Number: 31-13

8. Location: QtrQtr: NWNW Section: 6 Township: 10S Range: 94W Meridian: 6

9. Field Name: PLATEAU Field Code: 69300

Completed Interval

FORMATION: COZZETTE

Status: PRODUCING

Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 05/05/2005

Perforations Top: 5685 Bottom: 5720 No. Holes: 12 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

500 glns acid; 44,500 lbs 20/40 white sand proppant; 49,225 glns 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: 05/12/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 50 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 50 Bbl H2O: 2 GOR: 0

Test Method: Flowing Casing PSI: 244 Tubing PSI: 127 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1085 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5664 Tbg setting date: 05/03/2012 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: _____ End Date: _____ Date of First Production this formation: 05/05/2005

Perforations Top: 5828 Bottom: 5919 No. Holes: 15 Hole size: 34/100

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

50,500 lbs 20/40 white sand proppant; 56,317 glns 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: 05/12/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 50 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 50 Bbl H2O: 2 GOR: 0

Test Method: Flowing Casing PSI: 244 Tubing PSI: 127 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1085 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5664 Tbg setting date: 05/03/2012 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 Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 05/05/2005

Perforations Top: 4259 Bottom: 5132 No. Holes: 51 Hole size: 34/100

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

1,500 glns acid; 260,200 lbs 20/40 white sand proppant; 265,109 glns 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: 05/12/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 149 Bbl H2O: 7

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 149 Bbl H2O: 7 GOR: 0

Test Method: Flowing Casing PSI: 244 Tubing PSI: 127 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1085 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5664 Tbg setting date: 05/03/2012 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 Federal 31-13 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
400285232	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)