

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:

400290593

Date Received:

05/30/2012

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 05-077-08858-00

7. Well Name: GUNDERSON

6. County: MESA

Well Number: 12-6

8. Location: QtrQtr: NWSE

Section: 12

Township: 9S

Range: 94W

Meridian: 6

9. Field Name: BRUSH CREEK

Field Code: 7562

Completed Interval

FORMATION: CORCORAN

Status: PRODUCING

Treatment Type:

Treatment Date: 04/23/2005

End Date:

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

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: 05/27/2012

Hours: 20

Bbl oil: 0

Mcf Gas: 30

Bbl H2O: 0

Calculated 24 hour rate:

Bbl oil: 0

Mcf Gas: 36

Bbl 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 Type: _____
Treatment Date: 04/23/2005 End Date: _____ 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

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: 05/27/2012 Hours: 20 Bbl oil: 0 Mcf Gas: 120 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 143 Bbl 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: 5/30/2012 Email joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Name
400290593	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)