

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



DE	ET	OE	ES
----	----	----	----

Document Number: 400275416

Date Received: 04/23/2012

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 05-077-09379-00 6. County: MESA
 7. Well Name: MCDANIEL Well Number: 2-7C
 8. Location: QtrQtr: NENE Section: 2 Township: 9S Range: 94W Meridian: 6
 9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: _____

Treatment Date: 07/02/2008 End Date: _____ Date of First Production this formation: 07/04/2008

Perforations Top: 6918 Bottom: 8098 No. Holes: 129 Hole size: 34/100

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

6 stages of slickwater frac with 13,277 bbls of frac fluid and 500,721 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: _____ Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

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: 04/05/2012 Hours: 12 Bbl oil: 0 Mcf Gas: 10 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 20 Bbl H2O: 5 GOR: 0

Test Method: Flowing Casing PSI: 562 Tubing PSI: 397 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1039 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7700 Tbg setting date: 03/29/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

Repair work occurred on McDaniel 2-7C as holes in the tubing were suspected. No holes in the tubing were found, tubing was re-landed and the well was returned to production.

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: 4/23/2012 Email joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Name
400275416	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Off Hold. Input top of production and test length per operator.	7/17/2012 9:48:24 AM
Permit	On Hold. Requested top of production and length of test.	6/20/2012 8:29:49 AM

Total: 2 comment(s)