

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:

400902263

Date Received:

09/21/2015

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: 760 HORIZON DR #101

City: GRAND JUNCTION State: CO Zip: 81506

4. Contact Name: Joan Proulx

Phone: (970) 263-3641

Fax: (970) 263-3694

Email: joan\_proulx@oxy.com

5. API Number 05-077-09041-00

7. Well Name: GIPP

8. Location: QtrQtr: NESE Section: 13 Township: 9S Range: 94W Meridian: 6

9. Field Name: BRUSH CREEK Field Code: 7562

6. County: MESA

Well Number: 13-15

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Type:

Treatment Date:

End Date:

Date of First Production this formation:

Perforations Top: 6015 Bottom: 7732 No. Holes: 111 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

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:

Min 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: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7318 Tbg setting date: 09/08/2015 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:

Work occurred on the Gipp 13-15 well to repair 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: 9/21/2015

Email joan\_proulx@oxy.com

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### **Attachment Check List**

**Att Doc Num**

**Name**

400902263

FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)