

FORM  
5ARev  
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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12/21/2009

## 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: 66571 4. Contact Name: JOAN PROULX  
 2. Name of Operator: OXY USA WTP LP Phone: (713) 215-7000  
 3. Address: P O BOX 27757 ATTN: DOUG Fax: (713) 215-7545  
 City: HOUSTON State: TX Zip: 77227 Email: \_\_\_\_\_

5. API Number 05-045-15226-00 6. County: GARFIELD  
 7. Well Name: CC Well Number: 697-16-58A  
 8. Location: QtrQtr: SWSE Section: 16 Township: 6S Range: 97W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

## Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: \_\_\_\_\_  
 Treatment Date: 10/21/2008 End Date: \_\_\_\_\_ Date of First Production this formation: 09/01/2008  
 Perforations Top: 5904 Bottom: 7452 No. Holes: 162 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐6 STAGES OF SLICKWATER FRAC W/ 15,874 BBLS 2% KCl & 531,714# 20/40 OTTAWA WHITE SAND.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: 11/24/2008 Hours: 24 Bbl oil: \_\_\_\_\_ Mcf Gas: 1113 Bbl H2O: 0  
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1113 Bbl H2O: 0 GOR: \_\_\_\_\_  
 Test Method: FLOWING Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: 18/64  
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1202 API Gravity Oil: \_\_\_\_\_  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6832 Tbg setting date: 11/03/2009 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:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y

Print Name: JOAN\_PROULX

Title: REG. ADMIN ASST

Date: 12/17/2009

Email: JOAN\_PROULX@OXY.COM

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### Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files

### General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)