

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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Date Received:

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: <u>66561</u>	4. Contact Name: <u>Al Giussani</u>
2. Name of Operator: <u>OXY USA INC</u>	Phone: <u>(806) 638-1296</u>
3. Address: <u>PO BOX 27757 #110</u>	Fax: _____
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227-</u>	Email: <u>Albert_Giussani@oxy.com</u>

5. API Number <u>05-055-06077-00</u>	6. County: <u>HUERFANO</u>
7. Well Name: <u>SHEEP MOUNTAIN UNIT</u>	Well Number: <u>4-26-E</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>26</u> Township: <u>27S</u> Range: <u>70W</u> Meridian: <u>6</u>	
9. Field Name: <u>SHEEP MOUNTAIN</u> Field Code: <u>77230</u>	

Completed Interval

FORMATION: DAKOTA Status: PRODUCING Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 10/07/2017
Perforations Top: 4850 Bottom: 5120 No. Holes: 800 Hole size: 51/100
Provide a brief summary of the formation treatment: _____ Open Hole:

SMU 4-26-E well was perfed. There was no fracture or stimulation procedures done. 8/18/2017: Pressure check well set temporary plug at 5350 feet. 8/24/2018: Perfs from 4850 to 5120 with 4 JSPF, 200 feet with 800 holes. 10/6/2018: Ran a 7 5/8 Arrowset packer with on-off tool, set at 5290 in compression with 8K on 166 jts IPC 2-7/8" tbg and change over 4 1/2 with 1-4 sub and SS wellhead. Nipple down BOP and install wellhead and valve. Rig up wireline and perf set plug at 5332. Rig up coil TBG unit and blow dry the well dry.

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: SOLD Gas Type: CO2 Btu Gas: _____ API Gravity Oil: _____
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5285 Tbg setting date: 10/06/2017 Packer Depth: 5290

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:

The well is set up for testing to see how the recompletion is behaving. Oxy USA Inc. does not consider the jobs finished yet. A subsequent report will be submitted at a later date. Please contact Kim Rodell at 303-942-0506 or at krodell@upstreampm.com if there are any questions on this Form 5A.

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

Signed: _____ Print Name: Kim Rodell
Title: Permit Agent Date: _____ Email: krodell@upstreampm.com

Attachment Check List

Att Doc Num	Name
401681381	WELLBORE DIAGRAM
401681383	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)