

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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

Document Number:

400099950

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 05-077-08887-00

6. County: MESA

7. Well Name: MY WAY RANCH FEDERAL

Well Number: 8-15

8. Location: QtrQtr: SESW Section: 8 Township: 10S Range: 94W Meridian: 6

9. Field Name: PLATEAU Field Code: 69300

Completed Interval

FORMATION: COZZETTE

Status: PRODUCING

Treatment Date: 08/04/2005

Date of First Production this formation: 08/29/2005

Perforations Top: 6101 Bottom: 6227 No. Holes: 12 Hole size: 034/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

1 stage of slickwater frac with 927 bbls fracfluid and 32,830 lbs of 20/40 white sand proppant

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 09/01/2005 Hours: 24 Bbls oil: 0 Mcf Gas: 261 Bbls H2O: 14

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 261 Bbls H2O: 14 GOR: 0

Test Method: Flowing Casing PSI: Tubing PSI: 1175 Choke Size: 08/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5945 Tbg setting date: 08/30/2005 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: <u>CORCORAN</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>08/04/2005</u>		Date of First Production this formation: <u>08/29/2005</u>			
Perforations	Top: <u>6236</u>	Bottom: <u>6287</u>	No. Holes: <u>6</u>	Hole size: <u>034/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
1 stage of slickwater frac with 457 bbls of frac fluid and 16,170 lbs of 20/40 white sand proppant					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:					
Date: <u>09/01/2005</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>129</u>	Bbls H2O: <u>7</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>129</u>	Bbls H2O: <u>7</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: _____	Tubing PSI: <u>1175</u>	Choke Size: <u>08/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1070</u>	API Gravity Oil: <u>0</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>5945</u>	Tbg setting date: <u>08/30/2005</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>WILLIAMS FORK - CAMEO</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>08/04/2005</u>		Date of First Production this formation: <u>08/29/2005</u>			
Perforations	Top: <u>4912</u>	Bottom: <u>5548</u>	No. Holes: <u>39</u>	Hole size: <u>034/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
2 stages of slickwater frac with 5,630 bbls of frac fluid and 226,000 lbs of 20/40 white sand proppant					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Information:					
Date: <u>09/01/2005</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>895</u>	Bbls H2O: <u>21</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>895</u>	Bbls H2O: <u>21</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: _____	Tubing PSI: <u>1175</u>	Choke Size: <u>08/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1070</u>	API Gravity Oil: <u>0</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>5945</u>	Tbg setting date: <u>08/30/2005</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

Comment:

Corrected Form 5.

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: 10/13/2010 Email joan_proulx@oxy.com
:

Attachment Check List

Att Doc Num	Name
400099950	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)