

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



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Document Number:

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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 05-077-09228-00 6. County: MESA  
7. Well Name: NICHOLS Well Number: 24-6  
8. Location: QtrQtr: SENW Section: 24 Township: 9S Range: 94W Meridian: 6  
9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: <u>COZZETTE</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>10/10/2007</u>		Date of First Production this formation: <u>11/15/2007</u>	
Perforations	Top: <u>7223</u> Bottom: <u>7497</u>	No. Holes: <u>9</u>	Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Pumped 835 bbls water, 375 sks sand</div>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>11/13/2007</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>245</u> Bbls H2O: <u>32</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>245</u> Bbls H2O: <u>32</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1900</u>	Tubing PSI: <u>1450</u>	Choke Size: <u>24/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1071</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7085</u>	Tbg setting date: <u>08/02/2011</u>	Packer Depth: _____
Reason for Non-Production: <div></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: CORCORAN Status: PRODUCING

Treatment Date: 10/10/2007 Date of First Production this formation: 11/15/2007

Perforations Top: 7498 Bottom: 7678 No. Holes: 9 Hole size: 34/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Pumped 900 bbls water and 225 sks sand

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

**Test Information:**

Date: 11/13/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 345 Bbls H2O: 25

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 345 Bbls H2O: 25 GOR: 0

Test Method: Flowing Casing PSI: 1900 Tubing PSI: 1450 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1071 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7085 Tbg setting date: 08/02/2011 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: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 10/10/2007 Date of First Production this formation: 11/15/2007

Perforations Top: 5661 Bottom: 6927 No. Holes: 90 Hole size: 34/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Pumped 11,227 bbls water and 4,279 sks sand

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

**Test Information:**

Date: 11/13/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 2363 Bbls H2O: 228

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 2363 Bbls H2O: 228 GOR: 0

Test Method: Flowing Casing PSI: 1900 Tubing PSI: 1450 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1071 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7085 Tbg setting date: 08/02/2011 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: \_\_\_\_\_

Comment:

Subsequent Form 5A.  
Repair work occurred 7/28/2011 through 8/4/2011 to repair tubing due to holes and pitting in tubing. Well was swabbed and tubing was re-landed at 7,085'.

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: \_\_\_\_\_ Email: joan\_proulx@oxy.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)