

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:

400104674

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 05-077-09807-00

6. County: MESA

7. Well Name: HAWKINS RANCH

Well Number: 14-3A

8. Location: QtrQtr: SWSW Section: 11 Township: 10S Range: 94W Meridian: 6

9. Field Name: PLATEAU Field Code: 69300

Completed Interval

FORMATION: COZZETTE

Status: PRODUCING

Treatment Date: 09/29/2010

Date of First Production this formation: 10/21/2010

Perforations Top: 7491 Bottom: 7513 No. Holes: 9 Hole size: 035/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

1 stage of slickwater frac with 2,474 bbls of frac fluid and 34,591 lbs of 30/50 white sand proppant. This stage was a combined stage with the Rollins formation.

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

Test Information:

Date: 10/24/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 150 Bbls H2O: 56

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 150 Bbls H2O: 56 GOR: 0

Test Method: Flowing Casing PSI: 1600 Tubing PSI: 825 Choke Size: 020/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1093 API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6994 Tbg setting date: 10/13/2010 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>ROLLINS</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>09/29/2010</u>		Date of First Production this formation: <u>10/21/2010</u>	
Perforations	Top: <u>7434</u>	Bottom: <u>7466</u>	No. Holes: <u>18</u> Hole size: <u>035/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
1 stage of slickwater frac with 5,022 bbls of frac fluid and 70,230 bbls of 30/50 white sand proppant. This stage was a combined stage with the Cozzette formation.			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>10/24/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>150</u> Bbls H2O: <u>56</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>150</u> Bbls H2O: <u>56</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1600</u>	Tubing PSI: <u>825</u>	Choke Size: <u>020/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1093</u>	API Gravity Oil: _____
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6994</u>	Tbg setting date: <u>10/13/2010</u>	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></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>09/29/2010</u>		Date of First Production this formation: <u>10/21/2010</u>	
Perforations	Top: <u>5954</u>	Bottom: <u>6940</u>	No. Holes: <u>99</u> Hole size: <u>035/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
4 stages of slickwater frac with 11,346 bbls of frac fluid and 428,400 lbs of 30/50 white sand proppant			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>10/24/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>448</u> Bbls H2O: <u>168</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>448</u> Bbls H2O: <u>168</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1600</u>	Tubing PSI: <u>825</u>	Choke Size: <u>020/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1093</u>	API Gravity Oil: _____
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6994</u>	Tbg setting date: <u>10/13/2010</u>	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></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:

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

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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: _____