

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

COMPLETED INTERVAL REPORT

Document Number:

400123701

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
2. Name of Operator: OXY USA INC
3. Address: PO BOX 27757
City: HOUSTON State: TX Zip: 77227
4. Contact Name: Joan Proulx
Phone: (970) 263.3641
Fax: (970) 263.3694

5. API Number 05-077-09176-00
6. County: MESA
7. Well Name: CURREY Well Number: 16-9
8. Location: QtrQtr: NWSE Section: 16 Township: 9S Range: 94W Meridian: 6
9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: COZZETTE Status: PRODUCING
Treatment Date: 01/11/2010 Date of First Production this formation: 01/17/2010
Perforations Top: 7075 Bottom: 7144 No. Holes: 18 Hole size: 035/100
Provide a brief summary of the formation treatment: Open Hole: []
1 stage of slickwater frac with 2,860 bbls of 2% KCl and 113,079 lbs of 20/40 white sand
This stage was a combined stage with the Corcoran formation.
This formation is commingled with another formation: [X] Yes [] No
Test Information:
Date: 01/19/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 208 Bbls H2O: 74
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 208 Bbls H2O: 74 GOR: 0
Test Method: Flowing Casing PSI: 650 Tubing PSI: Choke Size: 024/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6632 Tbg setting date: 12/02/2010 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: CORCORAN Status: PRODUCING

Treatment Date: 01/11/2010 Date of First Production this formation: 01/17/2010

Perforations Top: 7245 Bottom: 7309 No. Holes: 12 Hole size: 035/100

Provide a brief summary of the formation treatment: _____ Open Hole:

1 stage of slickwater frac with 1,908 bbls of 2% KCl and 75,387 lbs of 20/40 white sand
This stage was a combined stage with the Cozzette formation.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/19/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 207 Bbls H2O: 74

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 207 Bbls H2O: 74 GOR: 0

Test Method: Flowing Casing PSI: 650 Tubing PSI: _____ Choke Size: 024/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6632 Tbg setting date: 12/02/2010 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: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 01/13/2010 Date of First Production this formation: 01/17/2010

Perforations Top: 5306 Bottom: 6541 No. Holes: 90 Hole size: 035/100

Provide a brief summary of the formation treatment: _____ Open Hole:

5 stages of slickwater frac with 15,940 bbls of 2% KCl and 606,136 lbs of 20/40 white sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/19/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 623 Bbls H2O: 222

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 623 Bbls H2O: 222 GOR: 0

Test Method: Flowing Casing PSI: 650 Tubing PSI: _____ Choke Size: 024/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6632 Tbg setting date: 12/02/2010 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: _____

Comment:

This subsequent Form 5A is being submitted to reflect the new EOT. Repair work was completed on this well from 11/29/2010 to 12/2/2010 due to bad threads on jt 122 and a hole at jt 143.

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)