

**FORM
5A**Rev
02/08State 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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COMPLETED INTERVAL REPORT

Document Number:

400123731

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 05-077-09200-00 6. County: MESA
7. Well Name: CURREY Well Number: 16-15
8. Location: QtrQtr: SESW Section: 16 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>05/23/2008</u>		Date of First Production this formation: <u>09/17/2008</u>		
Perforations	Top: <u>6892</u>	Bottom: <u>6911</u>	No. Holes: <u>9</u>	Hole size: <u>034/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div>1 stage of slickwater frac with 1,180 bbls of frac fluid and 44,041 lbs of 20/40 sand proppant This stage was a combined stage with the Corcoran formation.</div>				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:				
Date: <u>06/15/2008</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>156</u>	Bbls H2O: <u>52</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>156</u>	Bbls H2O: <u>52</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>450</u>	Tubing PSI: <u></u>	Choke Size: <u>024/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1071</u>	API Gravity Oil: <u></u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6691</u>	Tbg setting date: <u>11/24/2010</u>	Packer Depth: <u></u>	
Reason for Non-Production: <div></div>				
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>		

FORMATION: <u>CORCORAN</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>05/23/2008</u>		Date of First Production this formation: <u>09/17/2008</u>	
Perforations	Top: <u>7025</u> Bottom: <u>7058</u>	No. Holes: <u>9</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 1,180 bbls of frac fluid and 44,041 lbs of 20/40 sand proppant This stage was a combined stage with the Cozzette formation.			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: <u>06/15/2008</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>156</u> Bbls H2O: <u>52</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>156</u> Bbls H2O: <u>52</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>450</u>	Tubing PSI: <u></u>	Choke Size: <u>024/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1071</u>	API Gravity Oil: <u></u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6691</u>	Tbg setting date: <u>11/24/2010</u>	Packer Depth: <u></u>
Reason for Non-Production:			
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>05/23/2008</u>		Date of First Production this formation: <u>09/17/2008</u>	
Perforations	Top: <u>5563</u> Bottom: <u>6355</u>	No. Holes: <u>75</u>	Hole size: <u>034/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
4 stages of slickwater frac with 5,046 bbls of frac fluid and 175355 lbs of 20/40 sand proppant			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>06/15/2008</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>792</u> Bbls H2O: <u>264</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>792</u> Bbls H2O: <u>264</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>450</u>	Tubing PSI: <u></u>	Choke Size: <u>024/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1071</u>	API Gravity Oil: <u></u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6691</u>	Tbg setting date: <u>11/24/2010</u>	Packer Depth: <u></u>
Reason for Non-Production:			
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

Comment:

This subsequent Form 5A is being submitted to reflect the new EOT. The tubing was repaired from 11/23/2010 to 11/29/2010 for holes in jts 47 and 54.

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)