

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 09/29/2010 Date of First Production this formation: 10/21/2010

Perforations Top: 7434 Bottom: 7466 No. Holes: 18 Hole size: 035/100

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

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: 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: 0

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: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 09/29/2010 Date of First Production this formation: 10/21/2010

Perforations Top: 5954 Bottom: 6940 No. Holes: 99 Hole size: 035/100

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

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: Yes No

Test Information:

Date: 10/24/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 448 Bbls H2O: 168

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 448 Bbls H2O: 168 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: 0

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: _____

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: 11/1/2010 Email joan_proulx@oxy.com
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Attachment Check List

Att Doc Num	Name
400104674	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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