

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Date Received:

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 05-077-09099-00 6. County: MESA
 7. Well Name: CURRIER Well Number: 26-9C
 8. Location: QtrQtr: SWSE Section: 26 Township: 9S Range: 94W Meridian: 6
 9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: COZZETTE Status: PRODUCING
 Treatment Date: 07/03/2008 Date of First Production this formation: 07/08/2008
 Perforations Top: 7765 Bottom: 7795 No. Holes: 9 Hole size: 34/100
 Provide a brief summary of the formation treatment: Open Hole:
1 stage of slickwater frac with 1,003 bbls of frac fluid and 27,977 lbs of white sand proppant
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/20/2012 Hours: 1 Bbls oil: 0 Mcf Gas: 11 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 264 Bbls H2O: 0 GOR: 0
 Test Method: Flowing Casing PSI: 715 Tubing PSI: 390 Choke Size: 28/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1080 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7783 Tbg setting date: 05/15/2012 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: 07/03/2008 Date of First Production this formation: 07/08/2008

Perforations Top: 7888 Bottom: 7917 No. Holes: 9 Hole size: 34/100

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

1 stage of slickwater frac with 1,003 bbls of frac fluid and 27,977 lbs of white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/20/2012 Hours: 1 Bbls oil: 0 Mcf Gas: 11 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 264 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 715 Tubing PSI: 390 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1080 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7783 Tbg setting date: 05/15/2012 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: 07/03/2008 Date of First Production this formation: 07/08/2008

Perforations Top: 6182 Bottom: 7180 No. Holes: 84 Hole size: 34/100

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

3 stages of slickwater frac with 9,361 bbls of frac fluid and 245,457 lbs of white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/20/2012 Hours: 1 Bbls oil: 0 Mcf Gas: 34 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 816 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 715 Tubing PSI: 390 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1080 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7783 Tbg setting date: 05/15/2012 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: _____

Repair work occurred on this well to repair a hole in the tubing.

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)