

FORM
5A

Rev
06/12

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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05/30/2012

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

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 05-077-09099-00

7. Well Name: CURRIER

8. Location: QtrQtr: SWSE Section: 26 Township: 9S Range: 94W Meridian: 6

9. Field Name: BRUSH CREEK Field Code: 7562

6. County: MESA

Well Number: 26-9C

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type:

Treatment Date: 07/03/2008 End Date: 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

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Number of staged intervals:

Total acid used in treatment (bbl):

Max frac gradient (psi/ft):

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

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

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 264 Bbl 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: <u>CORCORAN</u>		Status: <u>PRODUCING</u>		Treatment Type: _____	
Treatment Date: <u>07/03/2008</u>		End Date: _____		Date of First Production this formation: <u>07/08/2008</u>	
Perforations	Top: <u>7888</u>	Bottom: <u>7917</u>	No. Holes: <u>9</u>	Hole size: <u>34/100</u>	

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

Total fluid used in treatment (bbl): _____	Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____	Number of staged intervals: _____
Total acid used in treatment (bbl): _____	Max frac gradient (psi/ft): _____
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: _____
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>05/20/2012</u>	Hours: <u>1</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>11</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>264</u>	Bbl H2O: <u>0</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>715</u>	Tubing PSI: <u>390</u>	Choke Size: <u>28/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1080</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7783</u>	Tbg setting date: <u>05/15/2012</u>	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 Type: _____

Treatment Date: 07/03/2008 End Date: _____ 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 bls of frac fluid and 245,457 lbs of white sand proppant

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

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Number of staged intervals: _____

Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

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

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 816 Bbl 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: 5/30/2012 Email: joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Name
400290591	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)