

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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
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 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: [X] 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: CORCORAN Status: PRODUCING Treatment Type: _____

Treatment Date: 07/03/2008 End Date: _____ 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

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: 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	COMPLETED INTERVAL REPORT
400300544	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)