

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400322954

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
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 05-077-09807-00
6. County: MESA
7. Well Name: HAWKINS RANCH Well Number: 14-3A
8. Location: QtrQtr: SWSW Section: 11 Township: 10S Range: 94W Meridian: 6
9. Field Name: PLATEAU Field Code: 69300

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: End Date: 09/29/2010 Date of First Production this formation: 10/21/2010
Perforations Top: 7491 Bottom: 7513 No. Holes: 9 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: []

1 stage of slickwater frac with 2,474 bbls of frac fluid and 34,591 bls of 30/50 white sand proppant. This stage was a combined stage with the Rollins formation.

This formation is commingled with another formation: [] Yes [X] 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: Max frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
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: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6957 Tbg setting date: 08/09/2012 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: ROLLINS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: _____ End Date: 09/29/2010 Date of First Production this formation: 10/21/2010
Perforations Top: 7434 Bottom: 7466 No. Holes: 18 Hole size: 35/100

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

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: _____ Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

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: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6957 Tbg setting date: 08/09/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: End Date: 06/29/2010 Date of First Production this formation: 10/21/2010
Perforations Top: 5954 Bottom: 6940 No. Holes: 99 Hole size: 35/100

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

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: Max frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals:

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: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6957 Tbg setting date: 08/09/2012 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: ** Wireline and Cement Job Summary must be attached.

Comment:
Work occurred on the Hawkins Ranch 14-3A 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

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)