

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 05-077-09063-00
6. County: MESA
7. Well Name: LARAMIE LAND&CATTLE CO. Well Number: 36-14
8. Location: QtrQtr: NWSE Section: 36 Township: 9S Range: 95W Meridian: 6
9. Field Name: PLATEAU Field Code: 69300

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type:

Treatment Date: 07/17/2007 End Date: Date of First Production this formation: 11/08/2007

Perforations Top: 5770 Bottom: 5815 No. Holes: 18 Hole size: 34/100

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

1 STAGE OF SLICKWATER FRAC WITH 2,406 BBLS OF 2% KCl AND 94,378 LBS OF 20/40 WHITE SAND.

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: Min 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: 07/31/2007 Hours: 24 Bbl oil: 0 Mcf Gas: 201 Bbl H2O: 3
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 201 Bbl H2O: 3 GOR: 0
Test Method: FLOWING Casing PSI: 200 Tubing PSI: 825 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1070 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5962 Tbg setting date: 07/20/2007 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: CORCORAN Status: PRODUCING Treatment Type: _____

Treatment Date: 07/17/2007 End Date: _____ Date of First Production this formation: 11/08/2007

Perforations Top: 5916 Bottom: 5997 No. Holes: 18 Hole size: 34/100

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

1 STAGE OF SLICKWATER FRAC WITH 3,329 BBLs OF 2% KCl AND 130,625 LBS OF 20/40 WHITE SAND.

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: _____ Min 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: 07/31/2007 Hours: 24 Bbl oil: _____ Mcf Gas: 201 Bbl H2O: 3

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 201 Bbl H2O: 3 GOR: 0

Test Method: FLOWING Casing PSI: 200 Tubing PSI: 825 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1070 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6150 Tbg setting date: 07/20/2007 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: _____
 Treatment Date: 07/17/2007 End Date: _____ Date of First Production this formation: 11/08/2007
 Perforations Top: 4443 Bottom: 5094 No. Holes: 63 Hole size: 34/100

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

4 STAGES OF SLICKWATER FRAC WITH 8,024 BBLS OF 2% KCl AND 299,644 LBS OF 20/40 WHITE SAND.

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: _____ Min 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: 07/31/2007 Hours: 24 Bbl oil: 0 Mcf Gas: 602 Bbl H2O: 9
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 6 Bbl H2O: 9 GOR: 0
 Test Method: FLOWING Casing PSI: 200 Tubing PSI: 825 Choke Size: 32/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1070 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5962 Tbg setting date: 07/20/2007 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: _____

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: 9/30/2009 Email: JOAN_PROULX@OXY.COM

Attachment Check List

Att Doc Num	Name
2237507	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)