

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



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, reoperation 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: 760 HORIZON DR #101 City: GRAND JUNCTION State: CO Zip: 81506 4. Contact Name: Joan Proulx Phone: (970) 263-3641 Fax: (970) 263-3694 Email: joan_proulx@oxy.com

5. API Number 05-077-09020-00 6. County: MESA 7. Well Name: MY WAY RANCH FED. Well Number: 6-9 8. Location: QtrQtr: NESW Section: 6 Township: 10S Range: 94W Meridian: 6 9. Field Name: PLATEAU Field Code: 69300

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: Treatment Date: End Date: Date of First Production this formation: Perforations Top: 6501 Bottom: 6545 No. Holes: 12 Hole size: 34/100 Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: 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: 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: 6291 Tbg setting date: 10/08/2015 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: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 6640 Bottom: 6667 No. Holes: 12 Hole size: 34/100

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

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: _____ 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: 6291 Tbg setting date: 10/08/2015 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: End Date: Date of First Production this formation:

Perforations Top: 5097 Bottom: 5895 No. Holes: 69 Hole size: 34/100

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

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: 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: 6291 Tbg setting date: 10/08/2015 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 My Way Ranch Federal 6-9 well to repair and replace 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: 10/14/2015 Email joan_proulx@oxy.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400917139, FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)