

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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10/13/2009

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 ATTN: BRENT

City: HOUSTON

State: TX

Zip: 77046

4. Contact Name: JOAN PROULX

Phone: (970) 263-3641

Fax: (970) 263-3694

Email:

5. API Number 05-077-09213-00

7. Well Name: LARAMIE LAND&CATTLE,CO

8. Location: QtrQtr: NWSE

Section: 36

Township: 9S

Range: 95W

Meridian: 6

9. Field Name:

Field Code:

6. County: MESA

Well Number: 36-11

Completed Interval

FORMATION: COZZETTE

Status: PRODUCING

Treatment Type:

Treatment Date: 08/16/2007

End Date:

Date of First Production this formation: 11/21/2007

Perforations

Top: 5690

Bottom: 5771

No. Holes: 21

Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

1 STAGE OF SLICKWATER FRAC WITH 3540 BBLS OF 2% KCl AND 143000 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: 09/26/2007

Hours: 24

Bbl oil: 0

Mcf Gas: 488

Bbl H2O: 114

Calculated 24 hour rate:

Bbl oil: 0

Mcf Gas: 488

Bbl H2O: 114

GOR: 0

Test Method: FLOWING

Casing PSI: 825

Tubing PSI: 225

Choke Size: 48/64

Gas Disposition: SOLD

Gas Type: DRY

Btu Gas: 1070

API Gravity Oil:

Tubing Size: 2 + 3/8

Tubing Setting Depth: 6017

Tbg setting date: 09/25/2007

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: 08/16/2007 End Date: _____ Date of First Production this formation: 11/21/2007
Perforations Top: 4340 Bottom: 5248 No. Holes: 87 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

5 STAGES OF SLICKWATER FRAC WITH 14046 BBLs OF 2% KCl AND 542924 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: 09/26/2007 Hours: 24 Bbl oil: 0 Mcf Gas: 1465 Bbl H2O: 342
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1465 Bbl H2O: 342 GOR: 0
Test Method: FLOWING Casing PSI: 825 Tubing PSI: 225 Choke Size: 48/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1070 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6017 Tbg setting date: 09/25/2007 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: Y Print Name: JOAN PROULX

Title: REGULATORY ADMIN ASST Date: 10/1/2009 Email: JOAN_PROULX@OXY.COM

Attachment Check List

Att Doc Num Name

Total Attach: 0 Files

General Comments

User Group Comment

Comment Date

Stamp Upon Approval

Total: 0 comment(s)