

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 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 6. County: MESA 7. Well Name: LARAMIE LAND&CATTLE,CO Well Number: 36-11 8. Location: QtrQtr: NWSE Section: 36 Township: 9S Range: 95W Meridian: 6 9. Field Name: Field Code:

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% KCI AND 143000 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: 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

Table with columns Att Doc Num and Name

Total Attach: 0 Files

General Comments

Table with columns User Group, Comment, Comment Date

Total: 0 comment(s)