

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: 77227
4. Contact Name: JOAN PROULX
Phone: (713) 215-7000
Fax: (713) 215-7545
Email:

5. API Number 05-077-09624-00
6. County: MESA
7. Well Name: HAWKINS RANCH
Well Number: 10-3C
8. Location: QtrQtr: NWNW Section: 10 Township: 10S Range: 94W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type:
Treatment Date: 01/24/2010 End Date: Date of First Production this formation: 02/15/2010
Perforations Top: 5414 Bottom: 6193 No. Holes: 87 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: [ ]

3 STAGES OF SLICKWATER FRAC WITH 9,671 BBLS OF 2% KCl AND 388,826 LBS OF 20/40 WHITE SAND

This formation is commingled with another formation: [ ] Yes [X] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were utilized: [ ]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/16/2010 Hours: 24 Bbl oil: 0 Mcf Gas: 315 Bbl H2O: 120
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 315 Bbl H2O: 120 GOR: 0
Test Method: FLOWING Casing PSI: 825 Tubing PSI: 275 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1070 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5930 Tbg setting date: 02/02/2010 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:

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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: 2/17/2010

Email: JOAN\_PROULX@OXY.COM

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### Attachment Check List

**Att Doc Num**      **Name**

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### General Comments

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