

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400099950

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 4. Contact Name: Joan Proulx
2. Name of Operator: OXY USA INC Phone: (970) 263.3641
3. Address: PO BOX 27757 Fax: (970) 263.3694
City: HOUSTON State: TX Zip: 77227

5. API Number 05-077-08887-00 6. County: MESA
7. Well Name: MY WAY RANCH FEDERAL Well Number: 8-15
8. Location: QtrQtr: SESW Section: 8 Township: 10S Range: 94W Meridian: 6
9. Field Name: PLATEAU Field Code: 69300

Completed Interval

FORMATION: <u>COZZETTE</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/04/2005</u>		Date of First Production this formation: <u>08/29/2005</u>	
Perforations	Top: <u>6101</u> Bottom: <u>6227</u>	No. Holes: <u>12</u>	Hole size: <u>034/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>1 stage of slickwater frac with 927 bbls fracfluid and 32,830 lbs of 20/40 white sand proppant</u>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Test Information:			
Date: <u>09/01/2005</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>261</u> Bbls H2O: <u>14</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>261</u> Bbls H2O: <u>14</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u></u>	Tubing PSI: <u>1175</u>	Choke Size: <u>08/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1070</u>	API Gravity Oil: <u></u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>5945</u>	Tbg setting date: <u>08/30/2005</u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>			
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>			

FORMATION: <u>CORCORAN</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/04/2005</u>		Date of First Production this formation: <u>08/29/2005</u>	
Perforations	Top: <u>6236</u>	Bottom: <u>6287</u>	No. Holes: <u>6</u> Hole size: <u>034/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>1 stage of slickwater frac with 457 bbls of frac fluid and 16,170 lbs of 20/40 white sand proppant</u>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: <u>09/01/2005</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>129</u> Bbls H2O: <u>7</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>129</u> Bbls H2O: <u>7</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: _____	Tubing PSI: <u>1175</u>	Choke Size: <u>08/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1070</u>	API Gravity Oil: _____
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>5945</u>	Tbg setting date: <u>08/30/2005</u>	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/04/2005</u>		Date of First Production this formation: <u>08/29/2005</u>	
Perforations	Top: <u>4912</u>	Bottom: <u>5548</u>	No. Holes: <u>39</u> Hole size: <u>034/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>2 stages of slickwater frac with 5,630 bbls of frac fluid and 226,000 lbs of 20/40 white sand proppant</u>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>09/01/2005</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>895</u> Bbls H2O: <u>21</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>895</u> Bbls H2O: <u>21</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: _____	Tubing PSI: <u>1175</u>	Choke Size: <u>08/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1070</u>	API Gravity Oil: _____
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>5945</u>	Tbg setting date: <u>08/30/2005</u>	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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: _____

Email joan_proulx@oxy.com

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____