

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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COMPLETED INTERVAL REPORT

Document Number:

2555330

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: JAON 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 05-077-09200-00 6. County: MESA
 7. Well Name: CURREY Well Number: 16-15
 8. Location: QtrQtr: SESW Section: 16 Township: 9S Range: 94W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: COZZETTE Status: PRODUCING
 Treatment Date: 05/23/2008 Date of First Production this formation: 09/17/2008
 Perforations Top: 6892 Bottom: 6911 No. Holes: 9 Hole size: 34/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
 1 STAGE OF SLICKWATER FRAC WITH 1,180 BBLs OF FRAC FLUID AND 44,041 LBS OF 20/40 SAND PROPPANT THIS STAGE WAS A COMBINED STAGE WITH THE CORCORAN FORMATION.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 06/15/2008 Hours: 24 Bbls oil: 0 Mcf Gas: 156 Bbls H2O: 52
 Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 156 Bbls H2O: 52 GOR: 0
 Test Method: FLOWING Casing PSI: 450 Tubing PSI: _____ Choke Size: 24/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1071 API Gravity Oil: _____
 Tubing Size: 2 + 24/64 Tubing Setting Depth: 6684 Tbg setting date: 09/17/2008 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: _____

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 05/23/2008 Date of First Production this formation: 09/17/2008

Perforations Top: 7025 Bottom: 7058 No. Holes: 9 Hole size: 34/100

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

1 STAGE OF SLICKWATER FRAC WITH 1,180 BBLs OF FRAC FLUID AND 44,041 LBS OF 20/40 SAND PROPPANT THIS STAGE WAS COMBINED STAGE WITH THE COZZETTE FORMATION.

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/15/2008 Hours: 24 Bbls oil: 0 Mcf Gas: 156 Bbls H2O: 52

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 156 Bbls H2O: 52 GOR: 0

Test Method: FLOWING Casing PSI: 450 Tubing PSI: _____ Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1071 API Gravity Oil: _____

Tubing Size: 2 + 24/64 Tubing Setting Depth: 6684 Tbg setting date: 09/17/2008 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: _____

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 05/23/2008 Date of First Production this formation: 09/17/2008

Perforations Top: 5563 Bottom: 6355 No. Holes: 75 Hole size: 34/100

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

4 STAGES OF SLICKWATER FRAC WITH 5,046 BBLs OF FRAC FLUID AND 175355 LBS OF 20/40 SAND PROPPANT

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/15/2008 Hours: 24 Bbls oil: 0 Mcf Gas: 792 Bbls H2O: 264

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 792 Bbls H2O: 264 GOR: 0

Test Method: FLOWING Casing PSI: 450 Tubing PSI: _____ Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1071 API Gravity Oil: _____

Tubing Size: 2 + 24/64 Tubing Setting Depth: 6684 Tbg setting date: 09/17/2008 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: _____

Comment:

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: REGULATOY ANALYST Date: 5/27/2010 Email: JOAN_PROULX@OXY.COM

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: David S. Neslin Director of COGCC Date: 11/8/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555330	FORM 5A SUBMITTED	LF@2503311 2555330

Total Attach: 1 Files