

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:

2555330

**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: 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: <u>COZZETTE</u>                                                                                                                                             |                                   | Status: <u>PRODUCING</u>                                            |                                                       |
| Treatment Date: <u>05/23/2008</u>                                                                                                                                      |                                   | Date of First Production this formation: <u>09/17/2008</u>          |                                                       |
| Perforations                                                                                                                                                           | Top: <u>6892</u>                  | Bottom: <u>6911</u>                                                 | No. Holes: <u>9</u> Hole size: <u>34/100</u>          |
| Provide a brief summary of the formation treatment:                                                                                                                    |                                   | Open Hole: <input type="checkbox"/>                                 |                                                       |
| <div>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.</div> |                                   |                                                                     |                                                       |
| This formation is commingled with another formation:                                                                                                                   |                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                       |
| <b>Test Information:</b>                                                                                                                                               |                                   |                                                                     |                                                       |
| Date: <u>06/15/2008</u>                                                                                                                                                | Hours: <u>24</u>                  | Bbls oil: <u>0</u>                                                  | Mcf Gas: <u>156</u> Bbls H2O: <u>52</u>               |
| Calculated 24 hour rate:                                                                                                                                               |                                   | Bbls oil: <u>0</u>                                                  | Mcf Gas: <u>156</u> Bbls H2O: <u>52</u> GOR: <u>0</u> |
| Test Method: <u>FLOWING</u>                                                                                                                                            | Casing PSI: <u>450</u>            | Tubing PSI: _____                                                   | Choke Size: <u>24/64</u>                              |
| Gas Disposition: <u>SOLD</u>                                                                                                                                           | Gas Type: <u>DRY</u>              | BTU Gas: <u>1071</u>                                                | API Gravity Oil: _____                                |
| Tubing Size: <u>2 + 24/64</u>                                                                                                                                          | Tubing Setting Depth: <u>6684</u> | Tbg setting date: <u>09/17/2008</u>                                 | Packer Depth: _____                                   |
| Reason for Non-Production:<br><div></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: _____                                          |                                                       |



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