


<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table>	DE	ET	OE	ES				
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<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">2071331</div>								
<p>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.</p>											
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<table style="width: 100%;"> <tr> <td style="width: 20%;">Perforations</td> <td style="width: 20%;">Top: <u>6756</u></td> <td style="width: 20%;">Bottom: <u>8417</u></td> <td style="width: 20%;">No. Holes: <u>0</u></td> <td style="width: 20%;">Hole size: _____</td> </tr> </table>				Perforations	Top: <u>6756</u>	Bottom: <u>8417</u>	No. Holes: <u>0</u>	Hole size: _____			
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Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
XXX STAGES OF SLICKWATER FRAC WITH XXX BBLs OF FRAC FLUID AND XXX LBS OF PROPPANT.											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
<b>Test Information:</b>											
<table style="width: 100%;"> <tr> <td>Date: _____</td> <td>Hours: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> </tr> </table>				Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____			
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Reason for Non-Production:											
WELL SHUT IN DUE TO SPLIT IN CASING AND SUBSEQUENT REPAIR WORK (CIBP) AND CLEAN OUT											
Date formation Abandoned: <u>11/14/2006</u> Squeeze: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>1070</u>											
Bridge Plug Depth: <u>8140</u> Sacks cement on top: <u>50</u>											
Comment: <div style="border: 1px solid black; padding: 5px;">BRIDGE PLUG DEPTH 8160,9191 AND 8200-8202.8</div>											
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.											
Signed: _____ Print Name: <u>JOAN PROUIX</u>											
Title: <u>REGULATORY ANALYST</u> Date: <u>9/21/2010</u> Email: <u>JOAN.PROUIX@OXY.COM</u>											

**Attachment Check List**

Att Doc Num	Name
2071331	FORM 5A SUBMITTED
2071332	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)