

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:

400123731

**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 05-077-09200-00 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: BRUSH CREEK Field Code: 7562

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>034/100</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: <u></u>	Choke Size: <u>024/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1071</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6691</u>	Tbg setting date: <u>11/24/2010</u>	Packer Depth: <u></u>
Reason for Non-Production: <div></div>			
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>05/23/2008</u>		Date of First Production this formation: <u>09/17/2008</u>			
Perforations	Top: <u>7025</u>	Bottom: <u>7058</u>	No. Holes: <u>9</u>	Hole size: <u>034/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
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 Cozzette formation.					
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>024/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1071</u>	API Gravity Oil: <u>0</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6691</u>	Tbg setting date: <u>11/24/2010</u>	Packer Depth: _____		
Reason for Non-Production:					
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>05/23/2008</u>		Date of First Production this formation: <u>09/17/2008</u>			
Perforations	Top: <u>5563</u>	Bottom: <u>6355</u>	No. Holes: <u>75</u>	Hole size: <u>034/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
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:			<input type="checkbox"/> Yes <input checked="" 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>792</u>	Bbls H2O: <u>264</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>792</u>	Bbls H2O: <u>264</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>450</u>	Tubing PSI: _____	Choke Size: <u>024/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1071</u>	API Gravity Oil: <u>0</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6691</u>	Tbg setting date: <u>11/24/2010</u>	Packer Depth: _____		
Reason for Non-Production:					
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:

This subsequent Form 5A is being submitted to reflect the new EOT. The tubing was repaired from 11/23/2010 to 11/29/2010 for holes in jts 47 and 54.

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: 1/13/2011 Email joan\_proulx@oxy.com  
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### **Attachment Check List**

Att Doc Num	Name
400123731	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)