

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:

400201940

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: <u>66561</u>	4. Contact Name: <u>Joan Proulx</u>
2. Name of Operator: <u>OXY USA INC</u>	Phone: <u>(970) 263.3641</u>
3. Address: <u>PO BOX 27757</u>	Fax: <u>(970) 263.3694</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227</u>	

5. API Number <u>05-077-09483-00</u>	6. County: <u>MESA</u>
7. Well Name: <u>HAWKINS RANCH</u>	Well Number: <u>10-9</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>10</u> Township: <u>10S</u> Range: <u>94W</u> Meridian: <u>6</u>	
9. Field Name: <u>PLATEAU</u> Field Code: <u>69300</u>	

Completed Interval

FORMATION: COZZETTEStatus: PRODUCINGTreatment Date: 10/23/2008Date of First Production this formation: 11/21/2008Perforations Top: 6898 Bottom: 6951 No. Holes: 18 Hole size: 36/100

Provide a brief summary of the formation treatment:

Open Hole: ☐1 stage of slickwater frac with 1,549 bbls of frac fluid and 43,700 lbs of 20/40 white sand proppantThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 08/27/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 1Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 1 GOR: 0Test Method: Flowing Casing PSI: 875 Tubing PSI: 0 Choke Size: 32/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1071 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 6453 Tbg setting date: 08/26/2011 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 - CAMEOStatus: PRODUCINGTreatment Date: 10/23/2008Date of First Production this formation: 11/21/2008Perforations Top: 5419 Bottom: 6275 No. Holes: 81 Hole size: 36/100

Provide a brief summary of the formation treatment:

Open Hole: ☐4 stages of slickwater frac with 7,588 bbls of frac fluid and 267,721 lbs of 20/40 white sand proppantThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 08/27/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 3Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 3 GOR: 0Test Method: Flowing Casing PSI: 875 Tubing PSI: 0 Choke Size: 32/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1071 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 6453 Tbg setting date: 08/26/2011 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:

Repair work occurred from 8/22/11 through 8/29/11. Scale was found in the tubing from 5,975' to 6,017'. There was a stuck collar at 5,992' and 626' of fish became stuck in the hole. The fish was latched onto and removed and the well was cleaned out. Tubing was re-landed at 6,453' and the well was returned to production.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Joan ProulxTitle: Regulatory Analyst

Date: _____ joan_proulx@oxy.com

Email
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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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)