

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:

400201789

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 05-077-09337-00

6. County: MESA

7. Well Name: HAWKINS RANCH

Well Number: 10-4

8. Location: QtrQtr: NWNW Section: 10 Township: 10S Range: 94W Meridian: 6

9. Field Name: PLATEAU Field Code: 69300

Completed Interval

FORMATION: COZZETTE

Status: PRODUCING

Treatment Date: 10/25/2007

Date of First Production this formation: 12/22/2007

Perforations Top: 6705 Bottom: 6730 No. Holes: 12 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

1 stage of slickwater frac with 1,104 bbls of frac fluid and 38,126 lbs of white sand proppant. This stage was a combined stage with the CRCRN formation.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 08/21/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 19 Bbls H2O: 15

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 19 Bbls H2O: 15 GOR: 0

Test Method: Flowing Casing PSI: 280 Tubing PSI: 50 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1071 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6247 Tbg setting date: 08/18/2011 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: CORCORAN Status: PRODUCING

Treatment Date: 10/25/2007 Date of First Production this formation: 12/22/2007

Perforations Top: 6818 Bottom: 6819 No. Holes: 3 Hole size: 34/100

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

1 stage of slickwater frac with 277 bbls of frac fluid and 9,532 lbs of white sand proppant. This stage was a combined stage with the COZZ formation.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 08/21/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 19 Bbls H2O: 15

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 19 Bbls H2O: 15 GOR: 0

Test Method: Flowing Casing PSI: 280 Tubing PSI: 50 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1071 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6247 Tbg setting date: 08/18/2011 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 - CAMEO Status: PRODUCING

Treatment Date: 10/25/2007 Date of First Production this formation: 12/22/2007

Perforations Top: 5170 Bottom: 6139 No. Holes: 81 Hole size: 34/100

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

4 stages of slickwater frac with 9,257 bbls of frac fluid and 347,307 lbs of white sand proppant

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 08/21/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 57 Bbls H2O: 46

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 57 Bbls H2O: 46 GOR: 0

Test Method: Flowing Casing PSI: 280 Tubing PSI: 50 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1071 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6247 Tbg setting date: 08/18/2011 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 was performed on this well; heavy scale went from 5,778' to 5,833', and again from 6,254' to 5,893'. Tubing was pulled, the well was cleaned out and tubing was re-landed at 6,247'. 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 Proulx

Title: Regulatory Analyst Date: 8/31/2011 joan_proulx@oxy.com

Email
:

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400201789 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
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Total: 0 comment(s)