

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:

400273130

Date Received:

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 05-077-09427-00

6. County: MESA

7. Well Name: LARAMIE LAND&CATTLE CO

Well Number: 17-6

8. Location: QtrQtr: SWNW Section: 17 Township: 10S Range: 94W Meridian: 6

9. Field Name: PLATEAU Field Code: 69300

Completed Interval

FORMATION: COZZETTE

Status: PRODUCING

Treatment Date: 04/24/2008

Date of First Production this formation:

Perforations Top: 5690 Bottom: 5768 No. Holes: 18 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

1 stage of slickwater frac with 2,365 bbls of frac fluid and 60,460 lbs of proppant

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

Test Information:

Date: 03/18/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 102 Bbls H2O: 3

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 102 Bbls H2O: 3 GOR: 0

Test Method: Flowing Casing PSI: 459 Tubing PSI: 233 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5494 Tbg setting date: 03/12/2012 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: 04/24/2008 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 5845 Bottom: 5958 No. Holes: 21 Hole size: 34/100

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

1 stage of slickwater frac with 1,854 bbls of frac fluid and 60,268 lbs of proppant

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

**Test Information:**

Date: 03/18/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 102 Bbls H2O: 3

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 102 Bbls H2O: 3 GOR: 0

Test Method: Flowing Casing PSI: 459 Tubing PSI: 233 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5494 Tbg setting date: 03/12/2012 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: 04/24/2008 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 4510 Bottom: 5129 No. Holes: 57 Hole size: 34/100

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

3 stages of slickwater frac with 6,247 bbls of frac fluid and 200,896 lbs of proppant

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

**Test Information:**

Date: 03/18/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 275 Bbls H2O: 8

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 275 Bbls H2O: 8 GOR: 0

Test Method: Flowing Casing PSI: 459 Tubing PSI: 233 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5494 Tbg setting date: 03/12/2012 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 on this well to repair a hole in the tubing. Tubing was pulled and 3 pad joints were found. The well was circulated clean, tubing was re-landed, 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 Proulx

Title: Regulatory Analyst Date: \_\_\_\_\_ Email joan\_proulx@oxy.com

### 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)