

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



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Document Number:
400275425

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 05-077-09201-00 6. County: MESA
 7. Well Name: CURREY Well Number: 21-2
 8. Location: QtrQtr: SESW Section: 16 Township: 9S Range: 94W Meridian: 6
 9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: COZZETTE Status: PRODUCING

Treatment Date: 05/31/2008 Date of First Production this formation: 06/16/2008

Perforations Top: 7145 Bottom: 7176 No. Holes: 9 Hole size: 34/100

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

1 stage of slickwater frac with 1,076 bbls of frac fluid and 33,882 lbs of white sand proppant. This stage was combined with the CRCRN stage.

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/17/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 160 Bbls H2O: 15

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 160 Bbls H2O: 15 GOR: 0

Test Method: Flowing Casing PSI: 872 Tubing PSI: 333 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1089 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6799 Tbg setting date: 04/16/2012 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: 05/31/2008 Date of First Production this formation: 09/16/2008

Perforations Top: 7263 Bottom: 7278 No. Holes: 6 Hole size: 34/100

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

1 stage of slickwater frac with 718 bbls of frac fluid and 22,588 lbs of white sand proppant. This stage was combined with the COZZ stage.

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/17/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 160 Bbls H2O: 15

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 160 Bbls H2O: 15 GOR: 0

Test Method: Flowing Casing PSI: 872 Tubing PSI: 333 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1089 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6799 Tbg setting date: 04/16/2012 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: 05/31/2008 Date of First Production this formation: 09/16/2008

Perforations Top: 5772 Bottom: 6500 No. Holes: 54 Hole size: 34/100

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

3 stages of slickwater frac with 4,669 bbls of frac fluid and 163,377 lbs of white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/17/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 479 Bbls H2O: 44

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 479 Bbls H2O: 44 GOR: 0

Test Method: Flowing Casing PSI: 872 Tubing PSI: 333 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1089 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6799 Tbg setting date: 04/16/2012 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 the Currey 21-2 well from 4/13 - 4/16 for holes in the tubing. Holes were located in 4 joints of tubing, 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: _____ joan_proulx@oxy.com

Email
:

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)