

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400292429

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

2. Name of Operator: OXY USA INC

3. Address: PO BOX 27757

City: HOUSTON State: TX Zip: 77227

4. Contact Name: Joan Proulx

Phone: (970) 263-3641

Fax: (970) 263-3694

5. API Number 05-077-09425-00

6. County: MESA

7. Well Name: LARAMIE LAND&CATTLE CO

Well Number: 17-4

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

9. Field Name: PLATEAU Field Code: 69300

Completed Interval

FORMATION: CORCORAN Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 04/16/2008

Perforations Top: 5929 Bottom: 6096 No. Holes: 21 Hole size: 34/100

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

1 stage of slickwater frac with 2,184 bbls of frac fluid and 60,082 lbs of white sand proppant

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

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Number of staged intervals:

Total acid used in treatment (bbl):

Max frac gradient (psi/ft):

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/20/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 476 Tubing PSI: 7 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1102 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5957 Tbg setting date: 05/16/2012 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 Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 04/16/2008
Perforations Top: 4736 Bottom: 5423 No. Holes: 48 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

4 stages of slickwater frac with 5,409 bbls of frac fluid and 185,925 lbs of white sand proppant

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

Total fluid used in treatment (bbl): _____

Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____

Number of staged intervals: _____

Total acid used in treatment (bbl): _____

Max frac gradient (psi/ft): _____

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____

Disposition method for flowback: _____

Total proppant used (lbs): _____

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/20/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0
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Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1102 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5957 Tbg setting date: 05/16/2012 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 this well, 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

User Group	Comment	Comment Date

Total: 0 comment(s)