

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-077-09142-00
6. County: MESA
7. Well Name: UTE WATER Well Number: 36-13
8. Location: QtrQtr: NESE Section: 35 Township: 9S Range: 94W Meridian: 6
9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE

Treatment Date: End Date: 08/14/2008 Date of First Production this formation: 12/11/2008

Perforations Top: 7766 Bottom: 7837 No. Holes: 18 Hole size: 34/100

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

1 stage of slickwater frac with 1,860 bbls of frac fluid and 69,041 lbs of white sand proppant

This formation is commingled with another formation: [X] 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: 05/04/2012 Hours: 14 Bbl oil: 0 Mcf Gas: 27 Bbl H2O: 5

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 38 Bbl H2O: 7 GOR: 0

Test Method: Flowing Casing PSI: 276 Tubing PSI: 184 Choke Size: 28/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7442 Tbg setting date: 02/28/2012 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 Type: FRACTURE

Treatment Date: _____ End Date: 08/14/2008 Date of First Production this formation: 12/11/2008

Perforations Top: 7942 Bottom: 7944 No. Holes: 3 Hole size: 34/100

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

1 stage of slickwater frac with 303 bbls of frac fluid and 11,239 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: 05/04/2012 Hours: 14 Bbl oil: 0 Mcf Gas: 27 Bbl H2O: 5

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 38 Bbl H2O: 7 GOR: 0

Test Method: Flowing Casing PSI: 276 Tubing PSI: 184 Choke Size: 28/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7442 Tbg setting date: 02/28/2012 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: FRACTURE

Treatment Date: _____ End Date: 08/14/2008 Date of First Production this formation: 12/11/2008

Perforations Top: 6449 Bottom: 6998 No. Holes: 43 Hole size: 34/100

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

3 stages of slickwater frac with 4,334 bbls of frac fluid and 192,289 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: 05/04/2012 Hours: 14 Bbl oil: 0 Mcf Gas: 214 Bbl H2O: 20

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 301 Bbl H2O: 28 GOR: 0

Test Method: Flowing Casing PSI: 276 Tubing PSI: 184 Choke Size: 28/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7442 Tbg setting date: 02/28/2012 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 from 2/24/12 - 3/3/12 to repair holes in the tubing and corroded collars. The well was shut in to build up pressure and has been returned to production. This Form 5A will correct the producing formations on the previously submitted Form 5A.

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)