

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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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 05-077-09427-00
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 Type:

Treatment Date: 04/24/2008 End Date: 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: [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: 03/18/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 102 Bbl H2O: 3

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 102 Bbl 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 Type: _____

Treatment Date: 04/24/2008 End Date: _____ 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

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

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 102 Bbl 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 Type: _____

Treatment Date: 04/24/2008 End Date: _____ 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

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

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 275 Bbl 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: 4/17/2012 Email joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Name
400273130	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)