

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 05-077-09201-00
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 Type:
Treatment Date: 05/31/2008 End Date: 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: [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: 04/17/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 160 Bbl H2O: 15
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 160 Bbl 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 Type: _____

Treatment Date: 05/31/2008 End Date: _____ 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

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

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 160 Bbl 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 Type: _____

Treatment Date: 05/31/2008 End Date: _____ 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

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

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 479 Bbl 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: 4/23/2012 Email joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Name
400275425	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)