

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 05-077-09199-00
6. County: MESA
7. Well Name: CURREY
Well Number: 16-14
8. Location: QtrQtr: SESW Section: 16 Township: 9S Range: 94W Meridian: 6
9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: COZZETTE-CORCORAN Status: PRODUCING Treatment Type:

Treatment Date: 05/15/2008 End Date: Date of First Production this formation: 09/18/2008

Perforations Top: 6820 Bottom: 6962 No. Holes: 18 Hole size: 34/100

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

1 stage of slickwater frac with 2,586 bbls of frac fluid and 96,738 lbs of white sand proppant

This formation is commingled with another formation: [] Yes [X] 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: 05/02/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 94 Bbl H2O: 28

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 94 Bbl H2O: 28 GOR: 0

Test Method: Flowing Casing PSI: 429 Tubing PSI: 177 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1063 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6520 Tbg setting date: 04/12/2012 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: 05/15/2008 End Date: _____ Date of First Production this formation: 09/18/2008

Perforations Top: 5623 Bottom: 6174 No. Holes: 51 Hole size: 34/100

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

3 stages of slickwater frac with 3,850 bbls of frac fluid and 119,202 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: 05/02/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 219 Bbl H2O: 65

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 219 Bbl H2O: 65 GOR: 0

Test Method: Flowing Casing PSI: 429 Tubing PSI: 177 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1063 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6520 Tbg setting date: 04/12/2012 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: _____
Work occurred on the Currey 16-14 well to repair a hole in the tubing.

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: 5/7/2012 Email joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Name
400281693	FORM 5A SUBMITTED

Total Attach: 1 Files