

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 4. Contact Name: Joan Proulx
2. Name of Operator: OXY USA INC Phone: (970) 263-3641
3. Address: PO BOX 27757 City: HOUSTON State: TX Zip: 77227 Fax: (970) 263-3694

5. API Number 05-077-09141-00 6. County: MESA
7. Well Name: UTE WATER Well Number: 35-15
8. Location: QtrQtr: NESE Section: 35 Township: 9S Range: 94W Meridian: 6
9. Field Name: PLATEAU Field Code: 69300

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/14/2008 End Date: Date of First Production this formation: 12/11/2008
Perforations Top: 7951 Bottom: 8007 No. Holes: 15 Hole size: 34/100

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

1,347 bbls of 2% KCl and 40,129 lbs of 20/40 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: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
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: 09/23/2012 Hours: 1 Bbl oil: 0 Mcf Gas: 4 Bbl H2O: 1
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 96 Bbl H2O: 17 GOR: 0
Test Method: Flowing Casing PSI: 1036 Tubing PSI: 673 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1104 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7976 Tbg setting date: 09/18/2012 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/14/2008 End Date: _____ Date of First Production this formation: 12/11/2008
Perforations Top: 8105 Bottom: 8107 No. Holes: 3 Hole size: 34/100

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

276 bbls of 2% KCl and 8,220 lbs of 20/40 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: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
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: 09/23/2012 Hours: 1 Bbl oil: 0 Mcf Gas: 4 Bbl H2O: 1
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 96 Bbl H2O: 17 GOR: 0
Test Method: Flowing Casing PSI: 1036 Tubing PSI: 673 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1104 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7976 Tbg setting date: 09/18/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/14/2008 End Date: _____ Date of First Production this formation: 12/11/2008
Perforations Top: 6436 Bottom: 7280 No. Holes: 111 Hole size: 34/100

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

5 stages of slickwater frac with 6,679 bbls of 2% KCl and 218,704 lbs of 20/40 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: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

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: 09/23/2012 Hours: 1 Bbl oil: 0 Mcf Gas: 32 Bbl H2O: 5

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 768 Bbl H2O: 134 GOR: 0

Test Method: Flowing Casing PSI: 1036 Tubing PSI: 673 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1104 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7976 Tbg setting date: 09/18/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment:
Work occurred on the Ute Water 35-15 well to repair holes in the tubing. Holes were found in 6 joints, tubing was re-landed, and the well was swabbed and 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: 10/2/2012 Email joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Name
400332836	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)