

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 08/04/2005 Date of First Production this formation: 08/29/2005

Perforations Top: 6236 Bottom: 6287 No. Holes: 6 Hole size: 034/100

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

1 stage of slickwater frac with 457 bbls of frac fluid and 16,170 lbs of 20/40 white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/01/2005 Hours: 24 Bbls oil: 0 Mcf Gas: 129 Bbls H2O: 7

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 129 Bbls H2O: 7 GOR: 0

Test Method: Flowing Casing PSI: _____ Tubing PSI: 1175 Choke Size: 08/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5945 Tbg setting date: 08/30/2005 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 Date: 08/04/2005 Date of First Production this formation: 08/29/2005

Perforations Top: 4912 Bottom: 5548 No. Holes: 39 Hole size: 034/100

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

2 stages of slickwater frac with 5,630 bbls of frac fluid and 226,000 lbs of 20/40 white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/01/2005 Hours: 24 Bbls oil: 0 Mcf Gas: 895 Bbls H2O: 21

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 895 Bbls H2O: 21 GOR: 0

Test Method: Flowing Casing PSI: _____ Tubing PSI: 1175 Choke Size: 08/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5945 Tbg setting date: 08/30/2005 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: _____

Corrected Form 5.

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: 10/13/2010 Email joan_proulx@oxy.com
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Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400099950 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| | | |

Total: 0 comment(s)