

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400201940

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

Fax: (970) 263.3694

City: HOUSTON State: TX Zip: 77227

5. API Number 05-077-09483-00

6. County: MESA

7. Well Name: HAWKINS RANCH

Well Number: 10-9

8. Location: QtrQtr: NESE Section: 10

Township: 10S

Range: 94W

Meridian: 6

9. Field Name: PLATEAU

Field Code: 69300

Completed Interval

FORMATION: COZZETTEStatus: PRODUCINGTreatment Date: 10/23/2008Date of First Production this formation: 11/21/2008Perforations Top: 6898 Bottom: 6951 No. Holes: 18 Hole size: 36/100

Provide a brief summary of the formation treatment:

Open Hole: ☐1 stage of slickwater frac with 1,549 bbls of frac fluid and 43,700 lbs of 20/40 white sand proppantThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 08/27/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1119 Bbls H2O: 1Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1119 Bbls H2O: 1 GOR: 0Test Method: Flowing Casing PSI: 875 Tubing PSI: 0 Choke Size: 32/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1071 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 6453 Tbg setting date: 08/30/2011 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 - CAMEOStatus: PRODUCINGTreatment Date: 10/23/2008Date of First Production this formation: 11/21/2008Perforations Top: 5419 Bottom: 6275 No. Holes: 81 Hole size: 36/100

Provide a brief summary of the formation treatment:

Open Hole: ☐4 stages of slickwater frac with 7,588 bbls of frac fluid and 267,721 lbs of 20/40 white sand proppantThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 08/27/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1119 Bbls H2O: 3Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1119 Bbls H2O: 3 GOR: 0Test Method: Flowing Casing PSI: 875 Tubing PSI: 0 Choke Size: 32/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1071 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 6453 Tbg setting date: 08/26/2011 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 from 8/22/11 through 8/29/11. Scale was found in the tubing from 5,975' to 6,017'. There was a stuck collar at 5,992' and 626' of fish became stuck in the hole. The fish was latched onto and removed and the well was cleaned out. Tubing was re-landed at 6,453' 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: 9/1/2011

Email joan_proulx@oxy.com

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Attachment Check List

Att Doc Num	Name
400201940	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)