

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number:

400088546

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: 66571 4. Contact Name: Joan Proulx
2. Name of Operator: OXY USA WTP LP Phone: (970) 263.3641
3. Address: P O BOX 27757 Fax: (970) 263.3694
City: HOUSTON State: TX Zip: 77227

5. API Number 05-045-17607-00 6. County: GARFIELD
7. Well Name: CASCADE CREEK Well Number: 697-16-42A
8. Location: QtrQtr: NWSW Section: 16 Township: 6S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: COZZETTE Status: PRODUCING

Treatment Date: 06/17/2010 Date of First Production this formation: 08/04/2010
Perforations Top: 8668 Bottom: 8882 No. Holes: 12 Hole size: 035/100

Provide a brief summary of the formation treatment: Open Hole: []
1 stage of slickwater frac with 1,615 bbls of frac fluid and 55,902 lbs of 30/50 white sand proppant

This formation is commingled with another formation: [X] Yes [] No

Test Information:

Date: 08/07/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 334 Bbls H2O: 122
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 334 Bbls H2O: 122 GOR: 0
Test Method: Flowing Casing PSI: 1800 Tubing PSI: 1050 Choke Size: 024/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1033 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8336 Tbg setting date: 08/02/2010 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 Date: 06/16/2010 Date of First Production this formation: 08/04/2010

Perforations Top: 8918 Bottom: 9064 No. Holes: 27 Hole size: 035/100

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

1 stage of slickwater frac with 3,043 bbls of frac fluid and 117,495 lbs of 30/50 white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/07/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 334 Bbls H2O: 122

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 334 Bbls H2O: 122 GOR: 0

Test Method: Flowing Casing PSI: 1800 Tubing PSI: 1050 Choke Size: 024/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1033 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8336 Tbg setting date: 08/02/2010 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: 06/22/2010 Date of First Production this formation: 08/04/2010

Perforations Top: 6941 Bottom: 8424 No. Holes: 117 Hole size: 035/100

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

5 stages of slickwater frac with 15,908 bbls of frac fluid and 599,837 lbs of 30/50 white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/07/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1003 Bbls H2O: 366

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1003 Bbls H2O: 366 GOR: 0

Test Method: Flowing Casing PSI: 1800 Tubing PSI: 1050 Choke Size: 024/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1033 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8336 Tbg setting date: 08/02/2010 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: _____

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: _____ Email joan_proulx@oxy.com
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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ **Director of COGCC** Date: _____