

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



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

5. API Number 05-045-17603-00
6. County: GARFIELD
7. Well Name: CASCADE CREEK
Well Number: 697-16-42B
8. Location: QtrQtr: NWSW Section: 16 Township: 6S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 07/22/2010 Date of First Production this formation: 08/07/2010
Perforations Top: 6915 Bottom: 8351 No. Holes: 195 Hole size: 035/100

Provide a brief summary of the formation treatment: 8 stages of slickwater frac with 14,874 bbls of frac fluid and 535,367 lbs of 30/50 white sand proppant
Open Hole:

This formation is commingled with another formation: Yes No

Test Information:
Date: 08/09/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1340 Bbls H2O: 480
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1340 Bbls H2O: 480 GOR: 0
Test Method: Flowing Casing PSI: 1500 Tubing PSI: 1150 Choke Size: 024/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1038 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7856 Tbg setting date: 08/04/2010 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: _____