

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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COMPLETED INTERVAL REPORT

Document Number:

400080502

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 05-045-17604-00 6. County: GARFIELD
 7. Well Name: CASCADE CREEK Well Number: 697-16-25B
 8. Location: QtrQtr: NWSW Section: 16 Township: 6S Range: 97W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: COZZETTE Status: PRODUCING
 Treatment Date: 06/16/2010 Date of First Production this formation: 07/07/2010
 Perforations Top: 8670 Bottom: 8684 No. Holes: 15 Hole size: 037/100
 Provide a brief summary of the formation treatment: Open Hole:
1 stage of slickwater frac with 1,491 bbls of frac fluid and 42,268 lbs of 30/50 white sand proppant
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 07/12/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 287 Bbls H2O: 76
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 287 Bbls H2O: 76 GOR: 0
 Test Method: Flowing Casing PSI: 1900 Tubing PSI: 1200 Choke Size: 020/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1044 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8254 Tbg setting date: 07/05/2010 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: 06/15/2010 Date of First Production this formation: 07/07/2010

Perforations Top: 8915 Bottom: 8953 No. Holes: 12 Hole size: 037/100

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

1 stage of slickwater frac with 4,416 bbls of frac fluid and 54,500 lbs of 30/50 white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/12/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 287 Bbls H2O: 76

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 287 Bbls H2O: 76 GOR: 0

Test Method: Flowing Casing PSI: 1900 Tubing PSI: 1200 Choke Size: 020/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1044 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8254 Tbg setting date: 07/05/2010 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: 07/07/2010

Perforations Top: 6923 Bottom: 8360 No. Holes: 147 Hole size: 035/100

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

6 stages of slickwater frac with 18,500 bbls of frac fluid and 612,243 lbs of 30/50 white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/12/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 860 Bbls H2O: 228

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 860 Bbls H2O: 228 GOR: 0

Test Method: Flowing Casing PSI: 1900 Tubing PSI: 1200 Choke Size: 020/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1044 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8254 Tbg setting date: 07/05/2010 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: 10/15/2010 Email joan_proulx@oxy.com

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: David S. Nashin Director of COGCC Date: 11/5/2010

Attachment Check List

Att Doc Num	Name	Doc Description
400080502	FORM 5A SUBMITTED	LF@2602668 400080502

Total Attach: 1 Files