

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:

400080502

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 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

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

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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: David S. Neslin 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