

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:

2555573

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 05-045-16018-00
6. County: GARFIELD
7. Well Name: CASCADE CREEK
Well Number: 697-16-04
8. Location: QtrQtr: SWSE Section: 9 Township: 6S Range: 97W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: COZZETTE Status: PRODUCING

Treatment Date: 04/14/2010 Date of First Production this formation: 05/10/2010

Perforations Top: 8848 Bottom: 9053 No. Holes: 24 Hole size: 37/100

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

2 STAGE OF SLICKWATER FRAC WITH 4,766 BBLs OF FRAC FLUID AND 169,689 LBS OF 20/40 WHITE SAND.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/16/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 102 Bbls H2O: 82

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 102 Bbls H2O: 82 GOR: 0

Test Method: FLOWING Casing PSI: 2000 Tubing PSI: 600 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 553 API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8500 Tbg setting date: 05/08/2010 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: 04/14/2010 Date of First Production this formation: 05/10/2010

Perforations Top: 9130 Bottom: 9227 No. Holes: 21 Hole size: 35/100

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

1 STAGES OF SLICKWATER FRAC WITH 3,814 BBLs OF FRAC FLUID AND 159,766 LBS OF 20/40 WHITE SAND.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/16/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 102 Bbls H2O: 82

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 102 Bbls H2O: 82 GOR: 0

Test Method: FLOWING Casing PSI: 2000 Tubing PSI: 600 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 553 API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: 04/14/2010 Date of First Production this formation: 05/10/2010

Perforations Top: 7216 Bottom: 8549 No. Holes: 165 Hole size: 37/100

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

6 STAGES OF SLICKWATER FRAC WITH 23,336 BBLs OF FRAC FLUID AND 781,653 LBS OF 30/50 WHITE SAND.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/16/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 307 Bbls H2O: 246

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 307 Bbls H2O: 246 GOR: 0

Test Method: FLOWING Casing PSI: 2000 Tubing PSI: 600 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 553 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8500 Tbg setting date: 05/08/2010 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 Date: 6/9/2010 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: 11/8/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555573	FORM 5A SUBMITTED	LF@2506226 2555573
2555574	WELLBORE DIAGRAM	LF@2506227 2555574

Total Attach: 2 Files