

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:

2510201

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 PROUL
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 05-045-16226-00 6. County: GARFIELD
7. Well Name: CASCADE CREEK Well Number: 697-09-35C
8. Location: QtrQtr: SWSE Section: 9 Township: 6S Range: 97W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 06/14/2010 Date of First Production this formation: 06/22/2010

Perforations Top: 7169 Bottom: 8853 No. Holes: 16 Hole size: 37/100

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

6 STAGES OF SLICKWATER FRAC WITH 18,318 BBLs OF FRAC FLUID AND 673,04 LBS OF 30/50 WHITE SAND PROPPANT.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 06/22/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1251 Bbls H2O: 325

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1251 Bbls H2O: 325 GOR: 0

Test Method: FLOWING Casing PSI: 1650 Tubing PSI: 1025 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1060 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6750 Tbg setting date: 06/20/2010 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: 7/16/2010 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 G. Neslin

Director of COGCC

Date: 11/15/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2510201	FORM 5A SUBMITTED	LF @ 2526964 2510201
2510202	WELLBORE DIAGRAM	LF @ 2526965 2510202

Total Attach: 2 Files