



Document Number:

400103263

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 05-045-17605-00

6. County: GARFIELD

7. Well Name: CASCADE CREEK

Well Number: 697-16-27A

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: 08/26/2010

Perforations	Top:	7198	Bottom:	8512	No. Holes:	159	Hole size:	035/100
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Provide a brief summary of the formation treatment:

Open Hole:

7 stages of slickwater frac with 17,234 bbls of frac fluid and 641,912 lbs of 30/50 white sand proppant

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

Test Information:

Date:	08/27/2010	Hours:	24	Bbls oil:	0	Mcf Gas:	1649	Bbls H2O:	260
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	1649	Bbls H2O:	260	GOR:	0
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Test Method: Flowing	Casing PSI: 1600	Tubing PSI: 1150	Choke Size: 020/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	API Gravity Oil:
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Tubing Size: 2 + 3/8 Tubing Setting Depth: 8079 Tbg setting date: 08/24/2010 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

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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)