

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:

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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 05-045-19284-00 6. County: GARFIELD
7. Well Name: Cascade Creek Well Number: 697-17-23A
8. Location: QtrQtr: SWSW Section: 9 Township: 6S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>09/14/2010</u>		Date of First Production this formation: <u>10/07/2010</u>		
Perforations	Top: <u>7504</u>	Bottom: <u>8789</u>	No. Holes: <u>198</u>	Hole size: <u>035/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<u>8 stages of slickwater frac with 16,549 bbls of frac fluid and 565,757 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>10/15/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1033</u>	Bbls H2O: <u>355</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>1033</u>	Bbls H2O: <u>355</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1200</u>	Tubing PSI: <u></u>	Choke Size: <u>020/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u></u>	API Gravity Oil: <u></u>	
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>	
Reason for Non-Production: <u></u>				
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>				
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>				

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

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)