

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:

400124031

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 05-045-17573-00 6. County: GARFIELD  
 7. Well Name: CASCADE CREEK Well Number: 697-08-64B  
 8. Location: QtrQtr: SWSW Section: 9 Township: 6S Range: 97W Meridian: 6  
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
 Treatment Date: 11/18/2010 Date of First Production this formation: 12/27/2010  
 Perforations Top: 7047 Bottom: 8535 No. Holes: 228 Hole size: 035/100  
 Provide a brief summary of the formation treatment: Open Hole:   
8 stages of slickwater frac with 22,906 bbls of frac fluid and 829,770 bls of 30/50 white sand proppant  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 12/28/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1474 Bbls H2O: 707  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1474 Bbls H2O: 707 GOR: 0  
 Test Method: Flowing Casing PSI: 1513 Tubing PSI: 865 Choke Size: 028/64  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8013 Tbg setting date: 12/22/2010 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

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**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)