

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:

400108741

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 05-045-15136-00
6. County: GARFIELD
7. Well Name: CASCADE CREEK Well Number: 697-09-44B
8. Location: QtrQtr: SWSE Section: 9 Township: 6S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: COZZETTE Status: PLUGGED AND ABANDONED

Treatment Date: 10/09/2009 Date of First Production this formation: 01/06/2010

Perforations Top: 8989 Bottom: 9183 No. Holes: 24 Hole size: 036/100

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

1 stage of slickwater frac with 4,303 bbls of frac fluid and 160,922 lbs of 20/40 white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 252 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 252 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1688 Tubing PSI: 1239 Choke Size: 024/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1361 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8063 Tbg setting date: 10/19/2010 Packer Depth: _____

Reason for Non-Production:

Well was repaired for a post-completion tubing restriction; as a result the Cozzette formation was abandoned.

Date formation Abandoned: 10/21/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 8745 Sacks cement on top: 2

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 11/02/2009 Date of First Production this formation: 01/06/2010

Perforations Top: 7154 Bottom: 8419 No. Holes: 90 Hole size: 036/100

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

5 stages of slickwater frac with 14,433 bbls of frac fluid and 448,648 lbs of 20/40 white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 756 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 756 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1688 Tubing PSI: 1239 Choke Size: 024/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1361 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8063 Tbg setting date: 10/19/2010 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
400128623	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)