

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:

400108696

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 05-045-16018-00 6. County: GARFIELD
 7. Well Name: CASCADE CREEK Well Number: 697-16-04
 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: 04/14/2010 Date of First Production this formation: 05/10/2010
 Perforations Top: 8848 Bottom: 9053 No. Holes: 24 Hole size: 037/100
 Provide a brief summary of the formation treatment: Open Hole:
1 stage of slickwater frac with 4,766 bbls of frac fluid and 169,689 lbs of 20/40 white sand proppant
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/16/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 102 Bbls H2O: 82
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 102 Bbls H2O: 82 GOR: 0
 Test Method: Flowing Casing PSI: 2000 Tubing PSI: 600 Choke Size: 020/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 553 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8094 Tbg setting date: 10/13/2010 Packer Depth: _____
 Reason for Non-Production:
Well was repaired for a post-completion tubing restriction; as a result the Cozzette and Corcoran formations were abandoned.
 Date formation Abandoned: 10/15/2010 Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: 8750 Sacks cement on top: 2

FORMATION: CORCORAN Status: PLUGGED AND ABANDONED

Treatment Date: 04/14/2010 Date of First Production this formation: 05/10/2010

Perforations Top: 9130 Bottom: 9227 No. Holes: 21 Hole size: 035/100

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

1 stage of slickwater frac with 3,814 bbls of frac fluid and 159,766 lbs of 20/40 white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/16/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 102 Bbls H2O: 82

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 102 Bbls H2O: 82 GOR: 0

Test Method: Flowing Casing PSI: 2000 Tubing PSI: 600 Choke Size: 020/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 553 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8094 Tbg setting date: 10/13/2010 Packer Depth: _____

Reason for Non-Production: _____

Well repaired for a post-completion tubing restriction; as a result the Cozzette and Corcoran formations were abandoned.

Date formation Abandoned: 10/15/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 8750 Sacks cement on top: 2

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 04/14/2010 Date of First Production this formation: 05/10/2010

Perforations Top: 7216 Bottom: 8549 No. Holes: 165 Hole size: 037/100

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

6 stages of slickwater frac with 23,336 bbls of frac fluid and 781,653 lbs of 30/50 white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/16/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 307 Bbls H2O: 246

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 307 Bbls H2O: 246 GOR: 0

Test Method: Flowing Casing PSI: 2000 Tubing PSI: 600 Choke Size: 020/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 553 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8094 Tbg setting date: 10/13/2010 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
400128633	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)