


<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  <b>400103449</b>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
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: <u>66571</u> 2. Name of Operator: <u>OXY USA WTP LP</u> 3. Address: <u>P O BOX 27757</u> City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227</u>		4. Contact Name: <u>Joan Proulx</u> Phone: <u>(970) 263.3641</u> Fax: <u>(970) 263.3694</u>					
5. API Number <u>05-045-18059-00</u> 7. Well Name: <u>CASCADE CREEK</u> 8. Location: QtrQtr: <u>NWSW</u> Section: <u>16</u> Township: <u>6S</u> Range: <u>97W</u> Meridian: <u>6</u> 9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u>		6. County: <u>GARFIELD</u> Well Number: <u>697-16-17A</u>					
<u>Completed Interval</u>							
FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>07/20/2010</u>		Date of First Production this formation: <u>09/01/2010</u>					
Perforations      Top: <u>7120</u> Bottom: <u>8519</u>	No. Holes: <u>186</u>	Hole size: <u>035/100</u>					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
<u>7 stages of slickwater frac with 19,918 bbls of frac fluid and 747,134 lbs of 30/50 white sand proppant</u>							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: <u>09/02/2010</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>1704</u>	Bbls H2O: <u>315</u>					
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>1704</u>	Bbls H2O: <u>315</u>	GOR: <u>0</u>				
Test Method: <u>Flowing</u>	Casing PSI: <u>1725</u>	Tubing PSI: <u>1200</u>	Choke Size: <u>020/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1039</u>	API Gravity Oil: <u>0</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8049</u>	Tbg setting date: <u>08/30/2010</u>	Packer Depth: _____				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
Date formation Abandoned: _____      Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, number of sacks cmt _____							
Bridge Plug Depth: _____      Sacks cement on top: _____							
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.							
Signed: _____		Print Name: <u>Joan Proulx</u>					
Title: <u>Regulatory Analyst</u>	Date: <u>11/23/2010</u>	Email <u>joan_proulx@oxy.com</u>					

**Attachment Check List**

Att Doc Num	Name
400103449	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)