

**FORM  
5A**Rev  
02/08State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400107096

**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: 665714. Contact Name: Joan Proulx2. Name of Operator: OXY USA WTP LPPhone: (970) 263.36413. Address: P O BOX 27757Fax: (970) 263.3694City: HOUSTON State: TX Zip: 772275. API Number 05-045-19281-006. County: GARFIELD7. Well Name: Cascade CreekWell Number: 697-17-06A8. Location: QtrQtr: SWSW Section: 9 Township: 6S Range: 97W Meridian: 69. Field Name: GRAND VALLEY Field Code: 31290Completed IntervalFORMATION: WILLIAMS FORK - CAMEOStatus: PRODUCINGTreatment Date: 08/31/2010Date of First Production this formation: 10/07/2010Perforations Top: 7171 Bottom: 8735 No. Holes: 297 Hole size: 035/100

Provide a brief summary of the formation treatment:

Open Hole: ☐9 stages of slickwater frac with 16,034 bbls of frac fluid and 659,483 lbs of 30/50 white sand proppantThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 10/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1191 Bbls H2O: 475Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1191 Bbls H2O: 475 GOR: 0Test Method: Flowing Casing PSI: 964 Tubing PSI:        Choke Size: 018/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1066 API Gravity Oil:       Tubing Size:        Tubing Setting Depth:        Tbg setting date:        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:

Preliminary Form 5A.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed:        Print Name: Joan ProulxTitle: Regulatory Analyst Date: 12/20/2010 Email joan\_proulx@oxy.com

### Attachment Check List

Att Doc Num	Name
400107096	FORM 5A SUBMITTED

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