

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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Document Number:

400107228

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: 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 05-045-17696-00 6. County: GARFIELD
7. Well Name: CASCADE CREEK Well Number: 697-16-01
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: 09/14/2010 Date of First Production this formation: 10/07/2010
Perforations Top: 7099 Bottom: 8551 No. Holes: 267 Hole size: 035/100

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

9 stages of slickwater frac with 21, 383 bbls of frac fluid and 757,881 lbs of 30/50 white sand proppant

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 10/12/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1277 Bbls H2O: 360
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1277 Bbls H2O: 360 GOR: 0
Test Method: Flowing Casing PSI: 1437 Tubing PSI: Choke Size: 018/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1066 API Gravity Oil: 0
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 Proulx

Title: Regulatory Analyst Date: 12/20/2010 Email joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Name
400107228	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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