

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



DE ET OE ES

Document Number:
400134527

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
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 05-045-19281-00
6. County: GARFIELD
7. Well Name: Cascade Creek
Well Number: 697-17-06A
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: 08/31/2010 Date of First Production this formation: 10/07/2010

Perforations Top: 7171 Bottom: 8735 No. Holes: 297 Hole size: 35/100

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 proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1191 Bbls H2O: 475

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1191 Bbls H2O: 475 GOR: 0

Test Method: Flowing Casing PSI: 964 Tubing PSI: _____ Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1066 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8213 Tbg setting date: 02/03/2011 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: _____

Subsequent Form 5A being submitted to add the tubing information.

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: 2/17/2011 Email joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Name
400134527	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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