

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:

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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 05-045-16964-00

6. County: GARFIELD

7. Well Name: CASCADE CREEK

Well Number: 697-16-09A

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
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Perforations	Top:	7152	Bottom:	8607	No. Holes:	279	Hole size:	35/100
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Provide a brief summary of the formation treatment:

Open Hole:

10 stages of slickwater frac with 22,313 bbls of frac fluid and 786,534 lbs of 30/50 white sand proppant

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

Test Information:

Date:	10/21/2010	Hours:	24	Bbls oil:	0	Mcf Gas:	1422	Bbls H2O:	240
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	1422	Bbls H2O:	240	GOR:	0
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Test Method: Flowing	Casing PSI: 1100	Tubing PSI:	Choke Size: 20/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1037	API Gravity Oil:	0
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Tubing Size: 2 + 3/8 Tubing Setting Depth: 8119 Tbg setting date: 01/11/2011 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:

Sbusequent Form 5A to add tubing and BTU data.

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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)