

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:

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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 05-045-19284-00 6. County: GARFIELD  
7. Well Name: Cascade Creek Well Number: 697-17-23A  
8. Location: QtrQtr: SWSW Section: 9 Township: 6S Range: 97W Meridian: 6  
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| FORMATION: <u>WILLIAMS FORK - CAMEO</u>   |                                   | Status: <u>PRODUCING</u>                                   |   |
| Treatment Date: <u>09/14/2010</u>   |                                   | Date of First Production this formation: <u>10/07/2010</u> |   |
| Perforations  | Top: <u>7504</u>                  | Bottom: <u>8789</u>  | No. Holes: <u>198</u> Hole size: <u>35/100</u>          |
| Provide a brief summary of the formation treatment:   |                                   | Open Hole: <input type="checkbox"/>                        |   |
| <u>8 stages of slickwater frac with 16,549 bbls of frac fluid and 565,757 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>10/15/2010</u>   | Hours: <u>24</u>                  | Bbls oil: <u>0</u>   | Mcf Gas: <u>1033</u> Bbls H2O: <u>355</u>               |
| Calculated 24 hour rate:  |                                   | Bbls oil: <u>0</u>   | Mcf Gas: <u>1033</u> Bbls H2O: <u>355</u> GOR: <u>0</u> |
| Test Method: <u>Flowing</u>   | Casing PSI: <u>1200</u>           | Tubing PSI: <u></u>  | Choke Size: <u>20/64</u>                                |
| Gas Disposition: <u>SOLD</u>  | Gas Type: <u>DRY</u>              | BTU Gas: <u>1032</u>                                       | API Gravity Oil: <u>0</u>                               |
| Tubing Size: <u>2 + 3/8</u>   | Tubing Setting Depth: <u>8360</u> | Tbg setting date: <u>01/25/2011</u>                        | Packer Depth: <u></u>                                   |
| Reason for Non-Production:<br><u></u>   |                                   |  |   |
| Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u> |                                   |  |   |
| Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>   |                                   |  |   |

Comment:

Subsequent Form 5A to add tubing details 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)