

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

COMPLETED INTERVAL REPORT

Document Number:

400153261

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 05-045-16010-00 6. County: GARFIELD  
 7. Well Name: CASCADE CREEK Well Number: 697-09-54A  
 8. Location: QtrQtr: SWSE 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: 07/12/2010 Date of First Production this formation: 07/17/2010  
 Perforations Top: 7830 Bottom: 8695 No. Holes: 114 Hole size: 37/100  
 Provide a brief summary of the formation treatment: 4 stages of slickwater frac with 12,910 bbls of frac fluid and 492,975 lbs of proppant Open Hole:   
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 07/17/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1162 Bbls H2O: 495  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1162 Bbls H2O: 495 GOR: 0  
 Test Method: Flowing Casing PSI: 1400 Tubing PSI: 750 Choke Size: 20/64  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1048 API Gravity Oil: 0  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8362 Tbg setting date: 03/31/2011 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:  
Repair work was performed on the 697-09-54A well due to excess water. From 3/28/11 to 3/31/11, the well was clenaed down to 8698', a CIBP was set at 8625', and tubing was re-landed at 8362'.

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
400153272	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)