

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">400124031</div>				
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: <u>66571</u>	4. Contact Name: <u>Joan Proulx</u>
2. Name of Operator: <u>OXY USA WTP LP</u>	Phone: <u>(970) 263.3641</u>
3. Address: <u>P O BOX 27757</u>	Fax: <u>(970) 263.3694</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227</u>	

5. API Number <u>05-045-17573-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>CASCADE CREEK</u>	Well Number: <u>697-08-64B</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>9</u> Township: <u>6S</u> Range: <u>97W</u> Meridian: <u>6</u>	
9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u>	

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/18/2010</u>	Date of First Production this formation: <u>12/27/2010</u>
Perforations Top: <u>7047</u> Bottom: <u>8535</u>	No. Holes: <u>228</u> Hole size: <u>035/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>8 stages of slickwater frac with 22,906 bbls of frac fluid and 829,770 bls of 30/50 white sand proppant</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>12/28/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1474</u> Bbls H2O: <u>707</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>1474</u> Bbls H2O: <u>707</u> GOR: <u>0</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>1513</u> Tubing PSI: <u>865</u> Choke Size: <u>028/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1039</u> API Gravity Oil: <u>56</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8013</u> Tbg setting date: <u>12/22/2010</u> Packer Depth: _____	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

Comment:

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: 1/14/2011 Email joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Name
400124031	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)