

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:

400108741

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 05-045-15136-00 6. County: GARFIELD
7. Well Name: CASCADE CREEK Well Number: 697-09-44B
8. Location: QtrQtr: SWSE Section: 9 Township: 6S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: <u>COZZETTE</u>	Status: <u>PLUGGED AND ABANDONED</u>
Treatment Date: <u>10/09/2009</u>	Date of First Production this formation: <u>01/06/2010</u>
Perforations Top: <u>8989</u> Bottom: <u>9183</u>	No. Holes: <u>24</u> Hole size: <u>036/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>1 stage of slickwater frac with 4,303 bbls of frac fluid and 160,922 lbs of 20/40 white sand proppant</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>01/10/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>252</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>252</u> Bbls H2O: <u>0</u> GOR: <u>0</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>1688</u> Tubing PSI: <u>1239</u> Choke Size: <u>024/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1361</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8063</u> Tbg setting date: <u>10/19/2010</u> Packer Depth: <u></u>	
Reason for Non-Production:	
<u>Well was repaired for a post-completion tubing restriction; as a result the Cozzette formation was abandoned.</u>	
Date formation Abandoned: <u>10/21/2010</u> Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u>8745</u> Sacks cement on top: <u>2</u>	

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 11/02/2009 Date of First Production this formation: 01/06/2010

Perforations Top: 7154 Bottom: 8419 No. Holes: 90 Hole size: 036/100

Provide a brief summary of the formation treatment: Open Hole: ☐

5 stages of slickwater frac with 14,433 bbls of frac fluid and 448,648 lbs of 20/40 white sand proppant

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

Test Information:

Date: 01/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 756 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 756 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1688 Tubing PSI: 1239 Choke Size: 024/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1361 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8063 Tbg setting date: 10/19/2010 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:

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: 1/28/2011 Email joan_proulx@oxy.com

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Attachment Check List

Att Doc Num	Name
400108741	FORM 5A SUBMITTED
400128623	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)