

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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COMPLETED INTERVAL REPORT

Document Number: 400152937

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 05-045-17574-00 6. County: GARFIELD
7. Well Name: CASCADE CREEK Well Number: 697-08-56B
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: 01/19/2011 Date of First Production this formation: 03/08/2011

Perforations Top: 7057 Bottom: 8585 No. Holes: 153 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: [ ]

6 stages of slickwater frac with 19,192 bbls of frac fluid and 699,501 lbs of 30/50 white sand proppant

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 03/09/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1570 Bbls H2O: 9

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1570 Bbls H2O: 9 GOR: 0

Test Method: Flowing Casing PSI: 1601 Tubing PSI: 1113 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1031 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8061 Tbg setting date: 03/06/2011 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:

Subsequent Form 5A to add remainder of Test Information 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: 4/12/2011 Email joan\_proulx@oxy.com

### Attachment Check List

Att Doc Num	Name
400152937	FORM 5A SUBMITTED

Total Attach: 1 Files

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

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