

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

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 05-045-18175-00 6. County: GARFIELD
 7. Well Name: Cascade Creek Well Number: 697-09-50B
 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: 03/16/2011 Date of First Production this formation: 04/09/2011
 Perforations Top: 7159 Bottom: 8669 No. Holes: 168 Hole size: 35/100
 Provide a brief summary of the formation treatment: 7 stages of slickwater frac with 36,135 bbls of frac fluid and 1,333,529 lbs of 3/50 white sand proppant Open Hole:
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 04/15/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1285 Bbls H2O: 284
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1285 Bbls H2O: 284 GOR: 0
 Test Method: Flowing Casing PSI: 1459 Tubing PSI: 1010 Choke Size: 18/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1037 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8158 Tbg setting date: 04/11/2011 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

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)