

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:

400173891

**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 05-045-17694-00

6. County: GARFIELD

7. Well Name: CASCADE CREEK

Well Number: 697-09-58

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: 04/08/2011

Perforations Top: 7064 Bottom: 8596 No. Holes: 204 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

7 stages of slickwater frac with 20,264 bbls of frac fluid and 713,158 lbs of 30/50 white sand proppant

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

**Test Information:**

Date: 04/15/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 747 Bbls H2O: 147

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 747 Bbls H2O: 147 GOR: 0

Test Method: Flowing Casing PSI: 1233 Tubing PSI: 832 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1038 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8068 Tbg setting date: 04/05/2011 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: 6/10/2011 Email joan\_proulx@oxy.com

### Attachment Check List

Att Doc Num	Name
400173891	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)