

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:

400201638

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 05-045-19500-00 6. County: GARFIELD  
7. Well Name: Cascade Creek Well Number: 697-10-42C  
8. Location: QtrQtr: NWNW Section: 15 Township: 6S Range: 97W Meridian: 6  
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
Treatment Date: 07/29/2011 Date of First Production this formation: 08/20/2011  
Perforations Top: 7424 Bottom: 8980 No. Holes: 138 Hole size: 35/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
5 stages of slickwater frac with 13,386 bbls of frac fluid and 473,760 lbs of white sand proppant  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 08/28/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 653 Bbls H2O: 290  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 653 Bbls H2O: 290 GOR: 0  
Test Method: Flowing Casing PSI: 955 Tubing PSI: 389 Choke Size: 26/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 0 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8450 Tbg setting date: 08/17/2011 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:

Preliminary 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**

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

Total: 0 comment(s)