

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:  
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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  
2. Name of Operator: OXY USA WTP LP  
3. Address: P O BOX 27757  
City: HOUSTON State: TX Zip: 77227  
4. Contact Name: Joan Proulx  
Phone: (970) 263.3641  
Fax: (970) 263.3694

5. API Number 05-045-10686-00  
6. County: GARFIELD  
7. Well Name: CASCADE CREEK  
Well Number: 697-15-01  
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: 07/21/2005 Date of First Production this formation: 08/18/2005  
Perforations Top: 6717 Bottom: 8562 No. Holes: 145 Hole size: 35/100  
Provide a brief summary of the formation treatment: 5 stages of slickwater frac with 25,084 bbls of frac fluid and 948,440 lbs of 30/50 white sand proppant  
Open Hole:   
This formation is commingled with another formation:  Yes  No  
**Test Information:**  
Date: 08/21/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 616 Bbls H2O: 217  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 616 Bbls H2O: 217 GOR: 0  
Test Method: Flowing Casing PSI: 811 Tubing PSI: 400 Choke Size: 22/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1055 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7099 Tbg setting date: 08/08/2011 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:  
Repair work occurred from 5/24/2011 to 8/19/2011 to repair holes in the tubing. The tubing became stuck and there was 162' of tubing fish at 4,294'. After jarring, the fish was still stuck. The fish was pushed down to 7,509', the well was cleaned out and tubing was re-landed at 7,099'. The well was then returned to production.

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> |
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Total: 0 comment(s)