

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:
400211812

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 05-045-20013-00 6. County: GARFIELD
 7. Well Name: Cascade Creek Well Number: 697-05-71
 8. Location: QtrQtr: NENE Section: 8 Township: 6S Range: 97W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
 Treatment Date: 09/07/2011 Date of First Production this formation: 09/21/2011
 Perforations Top: 7176 Bottom: 9053 No. Holes: 243 Hole size: 35/100
 Provide a brief summary of the formation treatment: 8 stages of slickwater frac with 31,463 bbls of frac fluid and 1,042,068 lbs of white sand proppant Open Hole:
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 10/04/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1775 Bbls H2O: 392
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1775 Bbls H2O: 392 GOR: 0
 Test Method: Flowing Casing PSI: 1277 Tubing PSI: 732 Choke Size: 28/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1046 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8417 Tbg setting date: 09/18/2011 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 completions 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: _____ 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> |
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Total: 0 comment(s)