

**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**

Document Number:

400212731

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 05-045-20020-00 6. County: GARFIELD  
7. Well Name: Cascade Creek Well Number: 697-09-19A  
8. Location: QtrQtr: NENE Section: 8 Township: 6S Range: 97W Meridian: 6  
9. Field Name: GRAND VALLEY Field Code: 31290

**Completed Interval**

|  |                                      |   |   |
|--|--------------------------------------|---|---|
| FORMATION: <u>WILLIAMS FORK - CAMEO</u>  |                                      | Status: <u>PRODUCING</u>  |   |
| Treatment Date: <u>07/07/2011</u>  |                                      | Date of First Production this formation: <u>09/15/2011</u>          |   |
| Perforations   | Top: <u>7317</u> Bottom: <u>9217</u> | No. Holes: <u>273</u>   | Hole size: <u>35/100</u>                                |
| Provide a brief summary of the formation treatment:  |                                      | Open Hole: <input type="checkbox"/>                                 |   |
| <u>9 stages of slickwater frac with 32,183 bbls of frac fluid and 1,123,301 lbs of white sand proppant</u> |                                      |   |   |
| This formation is commingled with another formation:   |                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>Test Information:</b>   |                                      |   |   |
| Date: <u>10/03/2011</u>  | Hours: <u>24</u>                     | Bbls oil: <u>0</u>  | Mcf Gas: <u>1619</u> Bbls H2O: <u>384</u>               |
| Calculated 24 hour rate:   |                                      | Bbls oil: <u>0</u>  | Mcf Gas: <u>1619</u> Bbls H2O: <u>384</u> GOR: <u>0</u> |
| Test Method: <u>Flowing</u>  | Casing PSI: <u>1121</u>              | Tubing PSI: <u>577</u>  | Choke Size: <u>28/64</u>                                |
| Gas Disposition: <u>SOLD</u>   | Gas Type: <u>DRY</u>                 | BTU Gas: <u>1069</u>  | API Gravity Oil: <u>0</u>                               |
| Tubing Size: <u>2 + 3/8</u>  | Tubing Setting Depth: <u>8596</u>    | Tbg setting date: <u>09/13/2011</u>                                 | Packer Depth: <u></u>                                   |
| Reason for Non-Production:<br><u></u>  |                                      |   |   |
| Date formation Abandoned: <u></u>  |                                      | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, number of sacks cmt <u></u>                     |
| Bridge Plug Depth: <u></u>   |                                      | Sacks cement on top: <u></u>  |   |

Comment:

Subsequent Form 5A for 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 ProulxTitle: 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)