

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

Document Number: 400215906

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 05-045-19503-00
6. County: GARFIELD
7. Well Name: Cascade Creek
Well Number: 697-15-26
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: 04/15/2011 Date of First Production this formation: 05/05/2011

Perforations Top: 7149 Bottom: 7279 No. Holes: 207 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: []

8 stages of slickwater frac with 24,833 bls of frac fluid and 915,401 lbs of 30/50 white sand proppant

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 05/23/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1125 Bbls H2O: 244

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1125 Bbls H2O: 244 GOR: 0

Test Method: Flowing Casing PSI: 1142 Tubing PSI: 709 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1068 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8255 Tbg setting date: 05/03/2011 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: 10/18/2011 Email joan_proulx@oxy.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400215906	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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