

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

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 05-045-20057-00  
6. County: GARFIELD  
7. Well Name: Cascade Creek Well Number: 697-08-33B  
8. Location: QtrQtr: NWSE Section: 8 Township: 6S Range: 97W Meridian: 6  
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: WAITING ON COMPLETION  
Treatment Date: 01/10/2012 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 7334 Bottom: 9001 No. Holes: 192 Hole size: 35  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
6 stages of slickwater frac with 23,775 bbls of frac fluid and 897,582 lbs of white sand proppant  
This formation is commingled with another formation:  Yes  No  
**Test Information:**  
Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ 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 pending 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**

| <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)