

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



DE ET OE ES

Document Number:  
400252858

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 05-045-16017-00  
6. County: GARFIELD  
7. Well Name: CASCADE CREEK  
Well Number: 697-16-05  
8. Location: QtrQtr: SWSE Section: 9 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: 12/15/2011 Date of First Production this formation: 04/21/2010

Perforations Top: 6816 Bottom: 7315 No. Holes: 66 Hole size: 35/100

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

2 stages of slickwater frac with 7,711 bbls of frac fluid and 297,996 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: 2 + 3/8 Tubing Setting Depth: 7688 Tbg setting date: 02/02/2012 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:

Pay-add work (perfs were squeezed and well was frac'd) was done on the 697-16-05 well and tubing was re-landed on 2/2/2012. The well is waiting for a rig to complete the work and is currently on flowback. Data as of 2/14/12: mcf - 0, casing psi - 740, tubing psi - 120, choke size - 24/64, bradenhead - 0 psig.

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
400253176	CEMENT JOB SUMMARY
400253178	CEMENT JOB SUMMARY
400253179	CEMENT JOB SUMMARY

Total Attach: 3 Files

**General Comments**

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

Total: 0 comment(s)