

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:

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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 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 05-045-11549-00 6. County: GARFIELD
7. Well Name: CASCADE CREEK Well Number: 697-20-36D
8. Location: QtrQtr: SENW Section: 20 Township: 6S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>05/13/2011</u>		Date of First Production this formation: <u>08/09/2006</u>	
Perforations	Top: <u>5038</u> Bottom: <u>5654</u>	No. Holes: <u>90</u>	Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>3 stages of slickwater frac with 10,282 bbls of frac fluid and 385.700 lbs of white sand proppant</u>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>02/14/2012</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>117</u> Bbls H2O: <u>158</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>117</u> Bbls H2O: <u>158</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>700</u>	Tubing PSI: <u>340</u>	Choke Size: <u>22/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>991</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6124</u>	Tbg setting date: <u>02/14/2012</u>	Packer Depth: <u></u>
Reason for Non-Production: <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:

Workover operations occurred on the 697-20-36D well. Tubing was tested, pulled, and the well was circulated clean. Tubing was re-landed at 6,125' and the well was returned to production.

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
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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>

Total: 0 comment(s)