

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

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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 05-045-11549-00
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: WILLIAMS FORK Status: PRODUCING
Treatment Date: 05/13/2011 Date of First Production this formation: 08/09/2006
Perforations Top: 5038 Bottom: 5654 No. Holes: 90 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole:
3 stages of slickwater frac with 10,282 bbls of frac fluid and 385.700 lbs of white sand proppant
This formation is commingled with another formation: Yes No
Test Information:
Date: 02/14/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 117 Bbls H2O: 158
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 117 Bbls H2O: 158 GOR: 0
Test Method: Flowing Casing PSI: 700 Tubing PSI: 340 Choke Size: 22/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 991 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6124 Tbg setting date: 02/14/2012 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:
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

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)