

**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 05-045-16001-00 6. County: GARFIELD
7. Well Name: CASCADE CREEK Well Number: 697-09-62B
8. Location: QtrQtr: SWSE Section: 9 Township: 6S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>WAITING ON COMPLETION</u>
Treatment Date: <u>11/12/2009</u>	Date of First Production this formation: <u>12/17/2009</u>
Perforations Top: <u>7011</u> Bottom: <u>8662</u>	No. Holes: <u>150</u> Hole size: <u>36/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>5 stages of slickwater frac with 22,669 bbls of frac fluid adn 552,848 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: _____ 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: <u>2 + 3/8</u> Tubing Setting Depth: <u>8118</u>	Tbg setting date: <u>01/10/2012</u> Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

Comment:

This Form 5A is being submitted to correct the formation information on the original Form 5A dated 12/30/2009. Also, pay-add work was done on this well and tubing was re-landed on 1/10/2012. The well is waiting for a rig to complete the work and is currently on flowback. Test information as of 2/14/2012: casing psi - 57, tubing psi - 680, choke size - 28/64, mcf - 0, bradenhead - 18 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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)