

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number:

400253184

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 05-045-14298-00
6. County: GARFIELD
7. Well Name: CASCADE CREEK
Well Number: 697-9-60D
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: 12/13/2011 Date of First Production this formation: 09/17/2009

Perforations Top: 6776 Bottom: 7135 No. Holes: 60 Hole size: 35/100

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

2 stage of slickwater frac with 7,757 bbls of frac fluid and 264,883 lbs of white sand proppant

This formation is commingled with another formation: [] Yes [X] 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: 7018 Tbg setting date: 01/10/2012 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 was done on the 697-09-60D 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. Data as of 2/14/12: mcf - 0, casing psi - 140, tubing psi - 500, choke size - 20/64, bradenhead - 7 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: 2/17/2012 Email joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Name
400253184	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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