

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:

400254102

Date Received:

02/22/2012

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 05-045-16001-00  
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: <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	
<b>Test Information:</b>	
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: 2/22/2012 joan\_proulx@oxy.com

Email  
:

### **Attachment Check List**

Att Doc Num	Name
400254102	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	off hold; form 5 approved.	3/6/2012 3:08:56 PM
Permit	on hold pending approval of form 5	3/2/2012 1:34:10 PM

Total: 2 comment(s)