

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

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Date Received:

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 05-045-20065-00
6. County: GARFIELD
7. Well Name: Cascade Creek
Well Number: 697-08-41A
8. Location: QtrQtr: NWSE Section: 8 Township: 6S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 12/12/2011 Date of First Production this formation: 02/08/2012
Perforations Top: 7204 Bottom: 8942 No. Holes: 204 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: [ ]
7 stages of slickwater frac with 25,087 bbls of frac fluid and 923,364 lbs of white sand proppant
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 03/11/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1204 Bbls H2O: 195
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1204 Bbls H2O: 195 GOR: 0
Test Method: Flowing Casing PSI: 1042 Tubing PSI: 609 Choke Size: 22/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8376 Tbg setting date: 02/03/2012 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: Subsequent Form 5A to report completions and BTU data.

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

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>

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

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