

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:

400274233

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

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 05-045-20375-00

6. County: GARFIELD

7. Well Name: Cascade Creek

Well Number: 697-05-20B

8. Location: QtrQtr: Lot 14 Section: 5 Township: 6S Range: 97W Meridian: 6

9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Date: 03/05/2012

Date of First Production this formation: 04/06/2012

Perforations Top: 7055 Bottom: 8882 No. Holes: 204 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

6 stage of slickwater frac with 29,141 bbls of frac fluid and 1,136,033 lbs of white sand proppant

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 04/18/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1582 Bbls H2O: 420

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1582 Bbls H2O: 420 GOR: 0

Test Method: Flowing Casing PSI: 1409 Tubing PSI: 909 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1039 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8279 Tbg setting date: 04/02/2012 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

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

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)