

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:

400274417

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 05-045-13990-00

6. County: GARFIELD

7. Well Name: CASCADE CREEK

Well Number: 697-16-15A

8. Location: QtrQtr: NENE Section: 16 Township: 6S Range: 97W Meridian: 6

9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Date: 02/24/2012

Date of First Production this formation: 05/18/2009

Perforations Top: 6915 Bottom: 7967 No. Holes: 150 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

5 stages of slickwater frac with 17,484 bbls of frac fluid and 667,082 lbs of proppant

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

Test Information:

Date: 04/04/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 790 Bbls H2O: 168

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 790 Bbls H2O: 168 GOR: 0

Test Method: Flowing Casing PSI: 792 Tubing PSI: 417 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1056 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7615 Tbg setting date: 03/12/2012 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: 8007 Sacks cement on top: 2

Comment:

Payadd work occurred on this well from 10/28/11 - 3/20/12.
Note: Three LAS CLBs were uploaded to the COGCC website 4/19/2012.

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
400274420	CEMENT JOB SUMMARY
400274423	CEMENT JOB SUMMARY
400274424	CEMENT JOB SUMMARY
400274425	CEMENT JOB SUMMARY
400274733	OTHER

Total Attach: 5 Files

General Comments

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

Total: 0 comment(s)