

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 05-045-11818-00
6. County: GARFIELD
7. Well Name: CASCADE CREEK
Well Number: 697-20-56DB
8. Location: QtrQtr: NESE Section: 20 Township: 6S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
Treatment Date: 01/12/2007 Date of First Production this formation: 01/19/2007
Perforations Top: 4797 Bottom: 6421 No. Holes: 66 Hole size: 36/100
Provide a brief summary of the formation treatment: Open Hole: []
4 stages of slickwater frac with 12,610 bbls of frac fluid and 490,000 lbs of proppant
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 05/01/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 285 Bbls H2O: 12
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 285 Bbls H2O: 12 GOR: 0
Test Method: Flowing Casing PSI: 765 Tubing PSI: 282 Choke Size: 22/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 977 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6126 Tbg setting date: 04/17/2012 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: Repair work occurred from 4/12/12 - 4/23/12 to repair a hole in the tubing.

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)