

FORM  
5A

Rev  
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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 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 05-045-11818-00 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: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/12/2007</u>	Date of First Production this formation: <u>01/19/2007</u>
Perforations Top: <u>4797</u> Bottom: <u>6421</u>	No. Holes: <u>66</u> Hole size: <u>36/100</u>
Provide a brief summary of the formation treatment: <u>4 stages of slickwater frac with 12,610 bbls of frac fluid and 490,000 lbs of proppant</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>05/01/2012</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>285</u> Bbls H2O: <u>12</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>285</u> Bbls H2O: <u>12</u> GOR: <u>0</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>765</u> Tubing PSI: <u>282</u> Choke Size: <u>22/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>977</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6126</u> Tbg setting date: <u>04/17/2012</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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)