

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:

400283185

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 05-045-20373-00

7. Well Name: Cascade Creek

8. Location: QtrQtr: Lot 14

Section: 5

Township: 6S

Range: 97W

Meridian: 6

9. Field Name: GRAND VALLEY

Field Code: 31290

6. County: GARFIELD

Well Number: 697-05-42

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Date: 04/14/2012

Date of First Production this formation: 05/01/2012

Perforations Top: 7460

Bottom: 8715

No. Holes: 147

Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

6 stages of slickwater frac with 20,464 bbls of frac fluid and 738,476 lbs of white sand proppant

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

Test Information:

Date: 05/01/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1391 Bbls H2O: 652

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1391 Bbls H2O: 652 GOR: 0

Test Method: Flowing Casing PSI: 1934 Tubing PSI: 1180 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1037 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8128 Tbg setting date: 04/30/2012 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:

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)