

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400270198

Date Received:

04/10/2012

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 05-045-20065-00
6. County: GARFIELD
7. Well Name: Cascade Creek
Well Number: 697-08-41A
8. Location: QtrQtr: NWSE Section: 8 Township: 6S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: _____
Treatment Date: 12/12/2011 End Date: _____ Date of First Production this formation: 02/08/2012
Perforations Top: 7204 Bottom: 8942 No. Holes: 204 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

7 stages of slickwater frac with 25,087 bbls of frac fluid and 923,364 lbs of white sand proppant

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

Total fluid used in treatment (bbl): _____

Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____

Number of staged intervals: _____

Total acid used in treatment (bbl): _____

Max frac gradient (psi/ft): _____

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____

Disposition method for flowback: _____

Total proppant used (lbs): _____

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/11/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1204 Bbl H2O: 195
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1204 Bbl H2O: 195 GOR: 0
Test Method: Flowing Casing PSI: 1042 Tubing PSI: 609 Choke Size: 22/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8376 Tbg setting date: 02/03/2012 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 to report completions and BTU data.

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: 4/10/2012 Email joan_proulx@oxy.com
:

Attachment Check List

Att Doc Num	Name
400270198	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)