

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400274117 Date Received: 04/19/2012

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 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 05-045-20364-00 6. County: GARFIELD
7. Well Name: Cascade Creek Well Number: 697-05-36B
8. Location: QtrQtr: LOt 14 Section: 5 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: 03/22/2012 End Date: Date of First Production this formation: 04/02/2012
Perforations Top: 6930 Bottom: 8385 No. Holes: 180 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole:
6 stages of slickwater frac with 25,761 bbls of frac fluid and 920,287 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: 04/16/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1843 Bbl H2O: 320
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1843 Bbl H2O: 320 GOR: 0
Test Method: Flowing Casing PSI: 1418 Tubing PSI: 1035 Choke Size: 22/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1061 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7931 Tbg setting date: 03/30/2012 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: 4/19/2012 Email joan\_proulx@oxy.com  
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### **Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
400274117	FORM 5A SUBMITTED

Total Attach: 1 Files

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