

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



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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
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 05-045-20364-00
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:

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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

Att Doc Num	Name
400274117	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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