

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:

400274229

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 05-045-20377-00 6. County: GARFIELD  
7. Well Name: Cascade Creek Well Number: 697-05-47A  
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: 03/03/2012 End Date: \_\_\_\_\_ Date of First Production this formation: 03/30/2012  
Perforations Top: 7106 Bottom: 8821 No. Holes: 195 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

6 stages of slickwater frac with 28,759 bbls of frac fluid and 1,089,348 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: 04/02/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 971 Bbl H2O: 516  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 971 Bbl H2O: 516 GOR: 0  
Test Method: Flowing Casing PSI: 1896 Tubing PSI: 951 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1029 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8201 Tbg setting date: 03/28/2012 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

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
400274229	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)