

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-045-14298-00
6. County: GARFIELD
7. Well Name: CASCADE CREEK
Well Number: 697-9-60D
8. Location: QtrQtr: SWSE Section: 9 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: 12/13/2011 End Date: Date of First Production this formation: 09/17/2009

Perforations Top: 6776 Bottom: 7135 No. Holes: 60 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: []

2 stages of slickwater frac with 7,757 bbls of frac fluid and 264,883 lbs of white sand proppant

This formation is commingled with another formation: [] Yes [X] 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: 05/16/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 65 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 65 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 520 Tubing PSI: 261 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1054 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7018 Tbg setting date: 01/10/2012 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:

Repair work was completed, the well was swabbed and returned to production.

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: 5/17/2012 Email joan_proulx@oxy.com
:

Attachment Check List

Att Doc Num	Name
400285872	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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