

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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Date Received:

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 05-045-20726-00
6. County: GARFIELD
7. Well Name: Cascade Creek Well Number: 697-04-65B
8. Location: QtrQtr: NWSW Section: 4 Township: 6S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/26/2012 End Date: 04/04/2012 Date of First Production this formation: 06/01/2012

Perforations Top: 7337 Bottom: 8985 No. Holes: 210 Hole size: 35/100

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

Fracturing treatment consisting of 7 stages using slickwater, 224 bbls of HCl, and 995,549 lbs of 30/50 white sand proppant.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 25021 Max pressure during treatment (psi): 5666
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.43
Type of gas used in treatment: Number of staged intervals: 7
Total acid used in treatment (bbl): 224 Max frac gradient (psi/ft): 0.60
Recycled water used in treatment (bbl): 24920 Flowback volume recovered (bbl): 12978
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 995549 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/09/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1432 Bbl H2O: 393
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1432 Bbl H2O: 393 GOR: 0
Test Method: Flowing Casing PSI: 1235 Tubing PSI: 775 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1034 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8422 Tbg setting date: 05/30/2012 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: _____ Email joan_proulx@oxy.com
:

Attachment Check List

| Att Doc Num | Name |
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