

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



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 05-045-20376-00 6. County: GARFIELD 7. Well Name: Cascade Creek Well Number: 697-05-55A 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: FRACTURE STIMULATION

Treatment Date: 03/12/2012 End Date: Date of First Production this formation: 04/14/2012

Perforations Top: 7254 Bottom: 8950 No. Holes: 183 Hole size: 35/100

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

6 stages of slickwater frac with 26,474 bbls of frac fluid and 992,857 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: Max frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: 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: 04/30/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1349 Bbl H2O: 323 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1349 Bbl H2O: 323 GOR: 0 Test Method: Flowing Casing PSI: 1477 Tubing PSI: 1062 Choke Size: 18/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1022 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8373 Tbg setting date: 04/11/2012 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: ** Wireline and Cement Job Summary must be attached.

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: 5/10/2012 Email joan_proulx@oxy.com
:

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400283190 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|----------------------------------|----------------------------|
| Permit | off hold; form 5 approved. | 8/1/2012 12:07:58 PM |
| Permit | On Hold pending form 5 approval. | 6/26/2012 7:51:59 AM |

Total: 2 comment(s)