

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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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 05-045-13992-00 6. County: GARFIELD
 7. Well Name: CASCADE CREEK Well Number: 697-16-31
 8. Location: QtrQtr: NENE Section: 16 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: _____ End Date: _____ Date of First Production this formation: 11/26/2008
 Perforations Top: 7133 Bottom: 8524 No. Holes: 132 Hole size: 35/100

Provide a brief summary of the formation treatment: _____ Open Hole:

5 stages of slickwater frac with 19,222 bbls of 2% KCl and 605,224 lbs of 20/40 Ottawa 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: _____ 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: 07/10/2012 Hours: 4 Bbl oil: 0 Mcf Gas: 181 Bbl H2O: 15
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1086 Bbl H2O: 90 GOR: 0
 Test Method: Flowing Casing PSI: 479 Tubing PSI: 387 Choke Size: 48/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1072 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8391 Tbg setting date: 06/26/2012 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:

Repair work occurred on the 697-16-31 well for a tubing restriction.

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: 7/11/2012 Email joan_proulx@oxy.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400304667	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)