

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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Date Received:

07/16/2012

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
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 05-045-10854-00
6. County: GARFIELD
7. Well Name: CASCADE CREEK
Well Number: 610-24-43
8. Location: QtrQtr: SESW Section: 10 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: 10/22/2005

Perforations Top: 7285 Bottom: 8848 No. Holes: 129 Hole size: 41/100

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

Slickwater frac with 22,335 bbls of 2% KCl and 845,983 lbs of 30/50 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: 07/15/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 316 Bbl H2O: 57

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 316 Bbl H2O: 57 GOR: 0

Test Method: Flowing Casing PSI: 693 Tubing PSI: 455 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1078 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8680 Tbg setting date: 06/27/2012 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:

Work occurred on the 610-24-43 well to repair a hole in the tubing.

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: 7/16/2012

Email joan_proulx@oxy.com

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Attachment Check List

Att Doc Num	Name
400305955	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)