

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 4. Contact Name: Joan Proulx 2. Name of Operator: OXY USA WTP LP Phone: (970) 263-3641 3. Address: P O BOX 27757 City: HOUSTON State: TX Zip: 77227 Fax: (970) 263-3694

5. API Number 05-045-20960-00 6. County: GARFIELD 7. Well Name: Cascade Creek Well Number: 697-05-67B 8. Location: QtrQtr: NENW Section: 8 Township: 6S Range: 97W Meridian: 6 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: WAITING ON COMPLETION Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/24/2012 End Date: 07/27/2012 Date of First Production this formation: Perforations Top: 7045 Bottom: 8598 No. Holes: 201 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: Fracturing treatment consisting of 6 stages using 24465 bbl slickwater, 201 bbls of HCl, and 984,183 lbs of 30/50 white sand proppant,

This formation is commingled with another formation: Total fluid used in treatment (bbl): 24465 Max pressure during treatment (psi): 5435 Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.43 Type of gas used in treatment: Min frac gradient (psi/ft): 0.63 Total acid used in treatment (bbl): 201 Number of staged intervals: 6 Recycled water used in treatment (bbl): 24494 Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE Total proppant used (lbs): 984183 Rule 805 green completion techniques were utilized: Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: Tubing Setting Depth: Tbg setting date: 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:

Waiting on completions rig.

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: 8/28/2012 Email joan_proulx@oxy.com
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Attachment Check List

Att Doc Num	Name
400321399	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator waiting on completion rig.	11/6/2012 3:04:14 PM

Total: 1 comment(s)