

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  
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 05-045-19502-00  
6. County: GARFIELD  
7. Well Name: Cascade Creek  
Well Number: 697-10-42B  
8. Location: QtrQtr: NWNW Section: 15 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: 07/29/2011 Date of First Production this formation: 08/24/2011

Perforations Top: 7197 Bottom: 9018 No. Holes: 249 Hole size: 35/100

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

8 stages of slickwater frac with 27,356 bbls of frac fluid and 1,016,853 lbs of 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: Min 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: 11/11/2012 Hours: 12 Bbl oil: 0 Mcf Gas: 57 Bbl H2O: 17

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 114 Bbl H2O: 34 GOR: 0

Test Method: Flowing Casing PSI: 723 Tubing PSI: 605 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1052 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8406 Tbg setting date: 11/05/2012 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 697-10-42B 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: \_\_\_\_\_ Email joan\_proulx@oxy.com  
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### **Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

### **General Comments**

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)