

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 Fax: (970) 263-3694
City: HOUSTON State: TX Zip: 77227

5. API Number 05-045-20968-00 6. County: GARFIELD
7. Well Name: Cascade Creek Well Number: 697-08-04B
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: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/15/2012 End Date: 10/19/2012 Date of First Production this formation: 11/26/2012
Perforations Top: 7520 Bottom: 8563 No. Holes: 96 Hole size: 35/100

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

Fracturing treatment consisting of 5 stages using slickwater, 188 bbls of HCl, and 444,400 lbs of 30/50 white sand proppant.

This formation is commingled with another formation: [ ] Yes [X] No

Total fluid used in treatment (bbl): 13152 Max pressure during treatment (psi): 5557
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.43
Type of gas used in treatment: Min frac gradient (psi/ft): 0.53
Total acid used in treatment (bbl): 188 Number of staged intervals: 5
Recycled water used in treatment (bbl): 13021 Flowback volume recovered (bbl): 15065
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 444400 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/27/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 972 Bbl H2O: 176
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 972 Bbl H2O: 176 GOR: 0
Test Method: Flowing Casing PSI: 842 Tubing PSI: 445 Choke Size: 28/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1013 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8307 Tbg setting date: 11/08/2012 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:

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: 12/7/2012 Email joan\_proulx@oxy.com  
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**Attachment Check List**

Att Doc Num	Name
400355593	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

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