

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400595829 Date Received: 04/24/2014

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, reoperation 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: 760 HORIZON DR #101 City: GRAND JUNCTION State: CO Zip: 81506 4. Contact Name: Joan Proulx Phone: (970) 263-3641 Fax: (970) 263-3694 Email: joan_proulx@oxy.com

5. API Number 05-045-13958-00 6. County: GARFIELD 7. Well Name: CASCADE CREEK Well Number: 697-29-07DB 8. Location: QtrQtr: SWSE Section: 20 Township: 6S Range: 97W Meridian: 6 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: Treatment Date: End Date: Date of First Production this formation: Perforations Top: 5226 Bottom: 6303 No. Holes: 95 Hole size: 36/100 Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: 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: 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: 2 + 3/8 Tubing Setting Depth: 5961 Tbg setting date: 04/14/2014 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 697-29-07DB well to repair a hole in the tubing.
This Form 5A will also correct the formation to WMFK/CMEO.

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: 4/24/2014 Email joan_proulx@oxy.com

Attachment Check List

Att Doc Num **Name**

400595829	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

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

Permit	PassesPermitting: t ubing repair and ... correct the perf interval to be 5226-6303'. (5A doc 1938606 mistakenly shows perfs 7233-8752' while 5 doc 1987613 gives TD of 6758'.)	10/30/2014 1:05:42 PM
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Total: 1 comment(s)