

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: 1948540

Date Received: 12/21/2009

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 ATTN: DOUG
City: HOUSTON State: TX Zip: 77227
4. Contact Name: JOAN PROULX
Phone: (713) 215-7000
Fax: (713) 215-7545
Email:

5. API Number 05-045-15226-00
6. County: GARFIELD
7. Well Name: CC
Well Number: 697-16-58A
8. Location: QtrQtr: SWSE Section: 16 Township: 6S Range: 97W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type:

Treatment Date: 10/21/2008 End Date: Date of First Production this formation: 09/01/2008
Perforations Top: 5904 Bottom: 7452 No. Holes: 162 Hole size: 35/100

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

6 STAGES OF SLICKWATER FRAC W/ 15,874 BBLS 2% KCI & 531,714# 20/40 OTTAWA WHITE SAND.

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

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

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/24/2008 Hours: 24 Bbl oil: Mcf Gas: 1113 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1113 Bbl H2O: 0 GOR:
Test Method: FLOWING Casing PSI: Tubing PSI: Choke Size: 18/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1202 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6832 Tbg setting date: 11/03/2009 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: Y

Print Name: JOAN_PROULX

Title: REG. ADMIN ASST

Date: 12/17/2009

Email: JOAN_PROULX@OXY.COM

:

Attachment Check List

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