

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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 05-045-17604-00

6. County: GARFIELD

7. Well Name: CASCADE CREEK

Well Number: 697-16-25B

8. Location: QtrQtr: NWSW Section: 16 Township: 6S Range: 97W Meridian: 6

9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: COZZETTE

Status: PRODUCING

Treatment Date: 06/16/2010

Date of First Production this formation: 07/07/2010

Perforations Top: 8670 Bottom: 8684 No. Holes: 15 Hole size: 037/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

1 stage of slickwater frac with 1,491 bbls of frac fluid and 42,268 lbs of 30/50 white sand proppant

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 07/12/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 287 Bbls H2O: 76

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 287 Bbls H2O: 76 GOR: 0

Test Method: Flowing Casing PSI: 1900 Tubing PSI: 1200 Choke Size: 020/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1044 API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8254 Tbg setting date: 07/05/2010 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:

FORMATION: <u>CORCORAN</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>06/15/2010</u>		Date of First Production this formation: <u>07/07/2010</u>	
Perforations	Top: <u>8915</u>	Bottom: <u>8953</u>	No. Holes: <u>12</u>
		Hole size: <u>037/100</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>1 stage of slickwater frac with 4,416 bbls of frac fluid and 54,500 lbs of 30/50 white sand proppant</u>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>07/12/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>287</u>
		Bbls H2O: <u>76</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>287</u>
		Bbls H2O: <u>76</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1900</u>	Tubing PSI: <u>1200</u>	Choke Size: <u>020/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1044</u>	API Gravity Oil: _____
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8254</u>	Tbg setting date: <u>07/05/2010</u>	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>06/22/2010</u>		Date of First Production this formation: <u>07/07/2010</u>	
Perforations	Top: <u>6923</u>	Bottom: <u>8360</u>	No. Holes: <u>147</u>
		Hole size: <u>035/100</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>6 stages of slickwater frac with 18,500 bbls of frac fluid and 612,243 lbs of 30/50 white sand proppant</u>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>07/12/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>860</u>
		Bbls H2O: <u>228</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>860</u>
		Bbls H2O: <u>228</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1900</u>	Tubing PSI: <u>1200</u>	Choke Size: <u>020/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1044</u>	API Gravity Oil: _____
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8254</u>	Tbg setting date: <u>07/05/2010</u>	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

Comment:

During installation and landing of the 2 3/8" tubing, it was attempted to pump off the bit but it would not pump off. RU wireline, lubricator, MU 1-11/16" chemical cutter. RIH with chemical cutter, cut tubing off. RD lubricator, RDMO wireline. The pumped off bit sub and a 25' piece of cut off tubing joint is at the bottom of the well.

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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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____