

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:

400087024

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 05-045-18060-00

6. County: GARFIELD

7. Well Name: CASCADE CREEK

Well Number: 697-17-56B

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

9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Date: 07/22/2010

Date of First Production this formation: 08/02/2010

Perforations Top: 7038 Bottom: 8571 No. Holes: 144 Hole size: 035/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

6 stages of slickwater frac with 16,881 bbls of frac fluid and 639,819 lbs of proppant

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

Test Information:

Date: 08/07/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1543 Bbls H2O: 235

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1543 Bbls H2O: 235 GOR: 0

Test Method: Flowing Casing PSI: 1475 Tubing PSI: 1050 Choke Size: 020/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1148 API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8054 Tbg setting date: 07/29/2010 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:

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: _____

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: _____