

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



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 05-045-16010-00 6. County: GARFIELD
7. Well Name: CASCADE CREEK Well Number: 697-09-54A
8. Location: QtrQtr: SWSE Section: 9 Township: 6S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 07/12/2010 Date of First Production this formation: 07/17/2010

Perforations Top: 7830 Bottom: 8695 No. Holes: 114 Hole size: 037/100

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

4 stages of slickwater frac with 12,910 bbls of frac fluid and 492,975 lbs of proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/17/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1162 Bbls H2O: 495

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1162 Bbls H2O: 495 GOR: 0

Test Method: Flowing Casing PSI: 1400 Tubing PSI: 750 Choke Size: 020/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1048 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8394 Tbg setting date: 07/17/2010 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

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: _____