

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:

400109281

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 05-045-14445-00 6. County: GARFIELD
7. Well Name: CASCADE CREEK Well Number: 697-09-52B
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: _____ Date of First Production this formation: 09/24/2009
Perforations Top: 6826 Bottom: 8422 No. Holes: 108 Hole size: 036/100

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

4 stages of slickwater frac with 14,326 bbls of frac fluid and 467,880 lbs of 30/50 Ottawa white sand proppant

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

Test Information:

Date: 11/19/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 1245 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1245 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 1195 Tubing PSI: 0 Choke Size: 016/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1087 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7269 Tbg setting date: 11/01/2010 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:

From 10/20/2010 to 11/11/2010 work was done on the 697-09-52B well to clean out and inspect and repair the tubing. During these operations the tubing became stuck and was unable to be removed.
The top of the fish is at 7518'.

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: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400109291	WELLBORE DIAGRAM	img-Y16142638-0001.pdf

Total Attach: 1 Files