

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

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  
2. Name of Operator: OXY USA WTP LP  
3. Address: P O BOX 27757  
City: HOUSTON State: TX Zip: 77227  
4. Contact Name: Joan Proulx  
Phone: (970) 263.3641  
Fax: (970) 263.3694

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