

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:

400109527

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 05-045-16017-00 6. County: GARFIELD
7. Well Name: CASCADE CREEK Well Number: 697-16-05
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 Status: PRODUCING

Treatment Date: 04/14/2010 Date of First Production this formation: 04/21/2010
Perforations Top: 7389 Bottom: 7817 No. Holes: 45 Hole size: 037/100

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

2 stages of slickwater frac with 5,669 bbls of frac fluid and 217,275 lbs of 30/50 white sand proppant

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

Test Information:

Date: 05/11/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 665 Bbls H2O: 73
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 665 Bbls H2O: 73 GOR: 0
Test Method: Flowing Casing PSI: 750 Tubing PSI: 500 Choke Size: 018/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 718 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7658 Tbg setting date: 11/04/2010 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:

Workover procedures were done on the 697-16-05 well from 11/3/2010 to 11/11/2010 to clean out, and inspect and repair the tubing. Tubing was re-landed at 7658'. The bradenhead reading on 11/17/2010 was 25 psi.

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
400109568	WELLBORE DIAGRAM	img-Y17102917-0001.pdf

Total Attach: 1 Files