


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">DE</td> <td style="padding: 2px 5px;">ET</td> <td style="padding: 2px 5px;">OE</td> <td style="padding: 2px 5px;">ES</td> </tr> </table> Document Number: <div style="text-align: right; font-weight: bold;">400107681</div>	DE	ET	OE	ES
DE	ET	OE	ES				

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: <u>66571</u>	4. Contact Name: <u>Joan Proulx</u>
2. Name of Operator: <u>OXY USA WTP LP</u>	Phone: <u>(970) 263.3641</u>
3. Address: <u>P O BOX 27757</u>	Fax: <u>(970) 263.3694</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227</u>	

5. API Number <u>05-045-18176-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>Cascade Creek</u>	Well Number: <u>697-17-08B</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>9</u> Township: <u>6S</u> Range: <u>97W</u> Meridian: <u>6</u>	
9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u>	

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>09/13/2010</u>	Date of First Production this formation: <u>10/07/2010</u>
Perforations Top: <u>708</u> Bottom: <u>8540</u>	No. Holes: <u>291</u> Hole size: <u>035/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
9 stages of slickwater frac with 20,817 bbls of frac fluid and 742,782 lbs of 30/50 white sand proppant	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Test Information:

Date: <u>10/19/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>431</u>	Bbls H ₂ O: <u>160</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>431</u>	Bbls H ₂ O: <u>160</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1100</u>	Tubing PSI: _____	Choke Size: <u>018/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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: <u>Joan Proulx</u>
Title: <u>Regulatory Analyst</u>	Date: _____ Email <u>joan_proulx@oxy.com</u>

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

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)