

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number:

400122513

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 05-045-19277-00
6. County: GARFIELD
7. Well Name: Cascade Creek
Well Number: 697-17-15
8. Location: QtrQtr: SWSW Section: 9 Township: 6S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: ROLLINS Status: PRODUCING
Treatment Date: 09/01/2010 Date of First Production this formation: 12/17/2010
Perforations Top: 8520 Bottom: 8789 No. Holes: 42 Hole size: 035/100
Provide a brief summary of the formation treatment: Open Hole:
2 stages of slickwater frac with 3,632 bbls of frac fluid and 81,580 bls of 30/50 white sand proppant. Stage 2 was a combined stage with the WMFK/CME0 formation.
This formation is commingled with another formation: [X] Yes [ ] No
Test Information:
Date: 12/21/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 333 Bbls H2O: 4
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 333 Bbls H2O: 4 GOR:
Test Method: Flowing Casing PSI: 1786 Tubing PSI: 1206 Choke Size: 020/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8357 Tbg setting date: 12/14/2010 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:

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 11/13/2010 Date of First Production this formation: 12/17/2010

Perforations Top: 7509 Bottom: 8479 No. Holes: 183 Hole size: 035/100

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

6 stages of slickwater frac with 18,386 bbls of frac fluid and 513,842 bls of 30/50 white sand proppant. Stage 2 was a combined stage with the RLNS formation.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 12/21/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1332 Bbls H2O: 14

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 1332 Bbls H2O: 14 GOR: \_\_\_\_\_

Test Method: Flowing Casing PSI: 1786 Tubing PSI: 1206 Choke Size: 020/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8357 Tbg setting date: 12/14/2010 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: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)