

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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COMPLETED INTERVAL REPORT

Document Number:

400123940

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 05-045-19286-00
6. County: GARFIELD
7. Well Name: Cascade Creek
Well Number: 697-08-62A
8. Location: QtrQtr: SWSW 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: 11/18/2010 Date of First Production this formation: 12/23/2010
Perforations Top: 7289 Bottom: 8800 No. Holes: 228 Hole size: 035/100
Provide a brief summary of the formation treatment: Open Hole:
8 stages of slickwater frac with 23,656 bbls of frac fluid and 852,452 lbs of 30/50 white sand proppant
This formation is commingled with another formation: Yes No
Test Information:
Date: 12/29/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1615 Bbls H2O: 365
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1615 Bbls H2O: 365 GOR: 0
Test Method: Flowing Casing PSI: 1601 Tubing PSI: 801 Choke Size: 024/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8281 Tbg setting date: 12/19/2010 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)