

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="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; border: 1px solid black; padding: 5px;">2071331</div>				
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 PROUIX</u>
2. Name of Operator: <u>OXY USA WTP LP</u>	Phone: <u>(970) 2633641</u>
3. Address: <u>P O BOX 27757</u>	Fax: <u>(970) 2633694</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227</u>	

5. API Number <u>05-045-12457-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>CASCADE CREEK</u>	Well Number: <u>697-5-50DB</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>5</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>	

<u>Completed Interval</u>	
FORMATION: <u>WILLIAMS FORK</u>	Status: <u>SHUT IN</u>
Treatment Date: <u>11/14/2006</u>	Date of First Production this formation: _____
Perforations Top: <u>6756</u> Bottom: <u>8417</u>	No. Holes: <u>0</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>XXX STAGES OF SLICKWATER FRAC WITH XXX BBLs OF FRAC FLUID AND XXX LBS OF PROPPANT.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate:	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____	Gas Type: <u>DRY</u> BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production:	
<u>WELL SHUT IN DUE TO SPLIT IN CASING AND SUBSEQUENT REPAIR WORK (CIBP) AND CLEAN OUT</u>	
Date formation Abandoned: <u>11/14/2006</u>	Squeeze: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>1070</u>
Bridge Plug Depth: <u>8140</u>	Sacks cement on top: <u>50</u>

Comment:
<u>BRIDGE PLUG DEPTH 8160,9191 AND 8200-8202.8</u>

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: JOAN PROUIX

Title: REGULATORY ANALYST Date: 9/21/2010 Email: JOAN.PROUIX@OXY.COM

Attachment Check List

Att Doc Num	Name
2071331	FORM 5A SUBMITTED
2071332	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)