

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:

400151730

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 05-045-19278-00 6. County: GARFIELD
7. Well Name: Cascade Creek Well Number: 697-09-33A
8. Location: QtrQtr: SWSW Section: 9 Township: 6S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

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|---|-----------------------------------|--|---|
| FORMATION: <u>WILLIAMS FORK - CAMEO</u> | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>01/20/2011</u> | | Date of First Production this formation: <u>03/07/2011</u> | |
| Perforations | Top: <u>7443</u> | Bottom: <u>8942</u> | No. Holes: <u>180</u> Hole size: <u>35/100</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| <u>8 stages of slickwater frac with 19,082 bbls of frac fluid and 665,694 lbs of 30/50 white sand proppant</u> | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Test Information: | | | |
| Date: <u>03/07/2011</u> | Hours: <u>24</u> | Bbls oil: <u>0</u> | Mcf Gas: <u>1920</u> Bbls H2O: <u>290</u> |
| Calculated 24 hour rate: | | Bbls oil: <u>0</u> | Mcf Gas: <u>1920</u> Bbls H2O: <u>290</u> GOR: <u>0</u> |
| Test Method: <u>Flowing</u> | Casing PSI: <u>1369</u> | Tubing PSI: <u>856</u> | Choke Size: <u>24/64</u> |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>DRY</u> | BTU Gas: <u>1047</u> | API Gravity Oil: <u>0</u> |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>8360</u> | Tbg setting date: <u>01/26/2011</u> | Packer Depth: <u></u> |
| Reason for Non-Production: <u></u> | | | |
| Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u> | | | |
| Bridge Plug Depth: <u></u> Sacks cement on top: <u></u> | | | |

Comment:

Subsequent Form 5A to add Test Information and BTU data.

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> |
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Total: 0 comment(s)