


<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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> Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">400127700</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
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>05-045-11894-00</u>		6. County: <u>GARFIELD</u>					
7. Well Name: <u>CASCADE CREEK</u>		Well Number: <u>697-20-21D</u>					
8. Location: QtrQtr: <u>SENW</u>	Section: <u>20</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>PRODUCING</u>					
Treatment Date: <u>07/31/2006</u>		Date of First Production this formation: <u>08/09/2006</u>					
Perforations Top: <u>5593</u>	Bottom: <u>6744</u>	No. Holes: <u>129</u>	Hole size: <u>41/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
5 stages of slickwater frac with 13,490 bbls of frac fluid and 469,560 lbs of 30/50 Ottawa white sand							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: <u>09/08/2006</u>	Hours: <u>24</u>	Bbls oil: <u>1</u>	Mcf Gas: <u>1552</u> Bbls H2O: <u>39</u>				
Calculated 24 hour rate:		Bbls oil: <u>1</u>	Mcf Gas: <u>1552</u> Bbls H2O: <u>39</u> GOR: <u>1552</u>				
Test Method: <u>Flowing</u>	Casing PSI: <u>1225</u>	Tubing PSI: _____	Choke Size: <u>16/84</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1039</u>	API Gravity Oil: <u>0</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6352</u>	Tbg setting date: <u>01/11/2011</u>	Packer Depth: _____				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____				
Bridge Plug Depth: _____		Sacks cement on top: _____					
Comment: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           This subsequent Form 5A is being submitted to reflect the repair work performed on this well from 1/5/2011 through 1/11/2011. The tubing was pulled, the grout and scale was cleaned out, and tubing was reset at 6352'.         </div>							

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

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: 1/26/2011 Email joan\_proulx@oxy.com  
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### **Attachment Check List**

Att Doc Num	Name
400127700	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)