

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



DE ET OE ES

Document Number:  
400158092

### 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  
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 05-045-16230-00  
6. County: GARFIELD  
7. Well Name: CASCADE CREEK  
Well Number: 697-16-11A  
8. Location: QtrQtr: SWSE 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: 11/06/2009 Date of First Production this formation: 12/18/2009

Perforations Top: 6446 Bottom: 8255 No. Holes: 162 Hole size: 36/100

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

7 stages of slickwater frac with 27,915 bbls of frac fluid and 958,918 lbs of 20/40 white sand proppant

This formation is commingled with another formation:  Yes  No

#### Test Information:

Date: 12/20/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 1124 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 1124 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1275 Tubing PSI: 1117 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1213 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7825 Tbg setting date: 04/06/2011 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:

Subsequent Form 5A to reflect new end of tubing due to repair work to isolate water.  
3/27/11: Swabbed well twice.  
3/28/11: Swabbed well twice.  
4/4/11: Pump kill, unland well. Make up BHA with tri-cone bit and scraper.  
4/6/11: Swabbed well five times.  
4/8/11: Jet tubing, opened well up to tank, well bringing back 9-12 bbls/hour. Monitor well.

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: 4/26/2011 Email joan\_proulx@oxy.com  
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**Attachment Check List**

Att Doc Num	Name
400158092	FORM 5A SUBMITTED
400158150	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)