

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:

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 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 05-045-16230-00 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

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

Total: 0 comment(s)