

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
COMPLETED INTERVAL REPORT			Document Number: 400177084
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>05-045-19944-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>Cascade Creek</u>	Well Number: <u>697-08-29C</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>8</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 - CAMEO</u>	Status: <u>WAITING ON COMPLETION</u>
Treatment Date: <u>06/02/2011</u>	Date of First Production this formation: <u>06/19/2011</u>
Perforations Top: <u>7132</u> Bottom: <u>8716</u> No. Holes: <u>210</u> Hole size: <u>35/100</u>	
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
7 stages of slickwater frac with 26,965 bbls of frac fluid and 920,602 lbs of 30/50 white sand proppant	
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: _____ BTU Gas: _____ API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8192</u> Tbg setting date: <u>06/15/2011</u> Packer Depth: _____	
Reason for Non-Production: _____	
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:
Preliminary Form 5A

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: 6/20/2011 Email joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Name
400177084	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)