

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:

400270998

Date Received:

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 05-045-13180-00

6. County: GARFIELD

7. Well Name: CASCADE CREEK

Well Number: 697-16-32

8. Location: QtrQtr: NENE Section: 16 Township: 6S Range: 97W Meridian: 6

9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Date: 12/07/2011

Date of First Production this formation: 05/18/2008

Perforations Top: 7439 Bottom: 7700 No. Holes: 33 Hole size: 36/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

1 stage of perfs, no fracs done

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 04/01/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 669 Bbls H2O: 32

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 669 Bbls H2O: 32 GOR: 0

Test Method: Flowing Casing PSI: 515 Tubing PSI: 334 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8135 Tbg setting date: 03/30/2012 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:

Payadd work was done on the 697-16-32 well from 11/12/11 - 3/31/12. Three squeeze jobs were done, and one stage of perf'ing was completed but a decision was made to not frac the stage.

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

Attachment Check List

Att Doc Num	Name
400271001	CEMENT JOB SUMMARY
400271002	CEMENT JOB SUMMARY
400271003	CEMENT JOB SUMMARY
400271004	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)