

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:  
400274157

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  
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 05-045-20369-00  
6. County: GARFIELD  
7. Well Name: Cascade Creek  
Well Number: 697-05-20A  
8. Location: QtrQtr: Lot 14 Section: 5 Township: 6S Range: 97W Meridian: 6  
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 02/13/2012 Date of First Production this formation: 03/19/2012

Perforations Top: 7094 Bottom: 8901 No. Holes: 213 Hole size: 35/100

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

7 stages of slickwater frac with 27,030 bbls of frac fluid and 1,000,271 lbs of white sand proppant

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 04/02/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1701 Bbls H2O: 255

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1701 Bbls H2O: 255 GOR: 0

Test Method: Flowing Casing PSI: 1301 Tubing PSI: 457 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1019 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8296 Tbg setting date: 03/16/2012 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:  
Subsequent 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: \_\_\_\_\_ Email joan\_proulx@oxy.com

### Attachment Check List

| Att Doc Num | Name |
|-------------|------|
|             |      |

Total Attach: 0 Files

### General Comments

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

Total: 0 comment(s)