

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:

400275599

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 05-045-11807-00 6. County: GARFIELD
 7. Well Name: CASCADE CREEK Well Number: 697-20-56DA
 8. Location: QtrQtr: NESE Section: 20 Township: 6S Range: 97W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
 Treatment Date: 01/15/2007 Date of First Production this formation: 01/20/2007
 Perforations Top: 4996 Bottom: 6236 No. Holes: 97 Hole size: 36/100
 Provide a brief summary of the formation treatment: Open Hole:
3 stages of slickwater frac with 160,531 bbls of frac fluid and 142,790 lbs of white sand proppant
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 04/22/2012 Hours: 6 Bbls oil: 0 Mcf Gas: 87 Bbls H2O: 10
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 348 Bbls H2O: 40 GOR: 0
 Test Method: Flowing Casing PSI: 431 Tubing PSI: 246 Choke Size: 14/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 997 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5822 Tbg setting date: 04/11/2012 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:
Cleanout work occurred on the 697-20-56DA well; tubing was pulled and re-landed, and the well was returned to production.

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)