

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-045-20368-00 6. County: GARFIELD
7. Well Name: Cascade Creek Well Number: 697-05-30B
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 Type:
Treatment Date: 02/13/2012 End Date: Date of First Production this formation: 03/15/2012
Perforations Top: 6935 Bottom: 8706 No. Holes: 240 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole:
8 stages of slickwater frac with 30,506 bbls of frac fluid and 1,110,617 lbs of white sand proppant

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Number of staged intervals:
Total acid used in treatment (bbl): Max frac gradient (psi/ft):
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized:
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/15/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1533 Bbl H2O: 131
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1533 Bbl H2O: 131 GOR: 0
Test Method: Flowing Casing PSI: 1544 Tubing PSI: 1049 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1018 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8129 Tbg setting date: 03/13/2012 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: 5/10/2012 Email joan_proulx@oxy.com
:

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400283199 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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