

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400338505

Date Received:

10/23/2012

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 05-045-10345-00
6. County: GARFIELD
7. Well Name: CASCADE CREEK
Well Number: 705-22-43
8. Location: QtrQtr: SENW Section: 5 Township: 7S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 4303 Bottom: 5971 No. Holes: 105 Hole size: 41/100
Provide a brief summary of the formation treatment: Open Hole: ☐
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: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
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: 10/22/2012 Hours: 6 Bbl oil: 0 Mcf Gas: 116 Bbl H2O: 32
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 464 Bbl H2O: 128 GOR: 0
Test Method: Flowing Casing PSI: 483 Tubing PSI: 212 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1047 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5614 Tbg setting date: 08/16/2012 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: ** Wireline and Cement Job Summary must be attached.

Comment:

Work occurred on the 705-22-43 well to repair a tubing restriction.

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: 10/23/2012

Email joan_proulx@oxy.com

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Attachment Check List

Att Doc Num	Name
400338505	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)