

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:

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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 05-045-13990-00 6. County: GARFIELD
7. Well Name: CASCADE CREEK Well Number: 697-16-15A
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: 11/03/2008 Date of First Production this formation: 05/18/2009
Perforations Top: 8046 Bottom: 8227 No. Holes: 24 Hole size: 036/100
Provide a brief summary of the formation treatment: Open Hole: ☐
1 stage of slickwater frac with 4,118 bbls of frac fluid and 115,547 lbs of 20/40 white sand proppant
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 11/14/2008 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 35 Tubing PSI: Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1060 API Gravity Oil: 0
Tubing Size: Tubing Setting Depth: Tbg setting date: 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:

This Form 5A is being submitted to add the BTU data.

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
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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)