

FORM
5

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:

400086960

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary 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 05-045-18060-00 6. County: GARFIELD
7. Well Name: CASCADE CREEK Well Number: 697-17-56B
8. Location: QtrQtr: NWSW Section: 16 Township: 6S Range: 97W Meridian: 6
Footage at surface: Direction: FSL Distance: 2208 Direction: FWL Distance: 719
As Drilled Latitude: 39.521810 As Drilled Longitude: -108.231570

GPS Data:

Data of Measurement: 10/08/2010 PDOP Reading: 3.6 GPS Instrument Operator's Name: J. Grabowski

** If directional footage

at Top of Prod. Zone Distance: 945 Direction: FSL Distance: 239 Direction: FEL
Sec: 17 Twp: 6S Rng: 97W
at Bottom Hole Distance: 724 Direction: FSL Distance: 414 Direction: FEL
Sec: 17 Twp: 6S Rng: 97W

9. Field Name: GRAND VALLEY 10. Field Number: 31290

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 01/16/2010 13. Date TD: 03/14/2010 14. Date Casing Set or D&A: 03/15/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9533 TVD 9244 17 Plug Back Total Depth MD 9477 TVD 9188

18. Elevations GR 8312 KB 8342

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

Slim Sonic Logging Tool/CBL/Variable Density
Processed Data/SSLT-C

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Weight Per Foot | Setting Depth | Sacks Cement | Cement Bottom | Cement Top |
|-------------|--------------|----------------|-----------------|---------------|--------------|---------------|------------|
| CONDUCTOR | 20+0/0 | 16+0/0 | 65 | 90 | 4 | 90 | 0 |
| SURF | 14+3/4 | 9+5/8 | 36 | 2,721 | 1,425 | 2,721 | 0 |
| 1ST | 8+3/4 | 4+1/2 | 11.6 | 9,454 | 1,882 | 9,454 | 3,044 |

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| 1 INCH | SURF | | 130 | 0 | 2,721 |
| 1 INCH | SURF | | 130 | 0 | 2,721 |
| 1 INCH | SURF | | 140 | 0 | 2,721 |

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|----------------|----------------|--------|--------------------------|--------------------------|---|
| | Top | Bottom | DST | Cored | |
| WASATCH | 2,744 | 4,575 | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT UNION | 4,575 | 6,067 | <input type="checkbox"/> | <input type="checkbox"/> | |
| WILLIAMS FORK | 6,067 | 8,337 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 8,337 | 8,619 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 8,619 | 8,819 | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

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

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name | Doc Description |
|-------------|--------------------|--|
| 400086974 | LAS-CEMENT BOND | BF-jones16-AWKC-00093_OXY_CC-697-17-56B_CBL_301PUP.las |
| 400086976 | LAS-SONIC | BF-jones16-AWKC-00093_OXY_CC-697-17-56B_SONIC_MN_030LUP.las |
| 400086977 | LAS-SONIC | BF-jones16-AWKC-00093_OXY_CC-697-17-56B_SONIC_RP_029PUP.las |
| 400086978 | LAS- | BF-jones16-AWKC-00093_OXY_CC_697-17-56B_IC_RST_9PSP_005PUP.las |
| 400086981 | LAS- | BF-jones16-AWKC-00093_OXY_CC_697-17-56B_REPEAT_wRST_PSP_007PUP.las |
| 400086982 | LAS- | oxy_cc_697_17_56b_sonic_rstsigma_rstic_cbl_revised.las |
| 400086990 | LAS- | BF-jones16-AWKC-00093_OXY_CC_697-17-56B_MAIN_wRST_PSP_011PUP.las |
| 400087019 | DIRECTIONAL SURVEY | 697-17-56B dir Survey.pdf |
| 400087021 | CMT SUMMARY | 697-17-56B Surf Cement.pdf |

Total Attach: 9 Files