

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

DRILLING COMPLETION REPORT

Document Number:
400124018

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 05-045-17573-00 6. County: GARFIELD
7. Well Name: CASCADE CREEK Well Number: 697-08-64B
8. Location: QtrQtr: SWSW Section: 9 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 169 feet Direction: FSL Distance: 263 feet Direction: FWL
As Drilled Latitude: 39.530660 As Drilled Longitude: -108.233200

GPS Data:

Data of Measurement: 06/26/2008 PDOP Reading: 2.3 GPS Instrument Operator's Name: D. Morby

** If directional footage

at Top of Prod. Zone Distance: 258 feet Direction: FSL Distance: 263 feet Direction: FEL
Sec: 8 Twp: 6S Rng: 97W
at Bottom Hole Distance: 258 feet Direction: FSL Distance: 263 feet Direction: FEL
Sec: 8 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) 08/06/2010 13. Date TD: 08/26/2010 14. Date Casing Set or D&A: 08/28/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8780 TVD 8753 17 Plug Back Total Depth MD 8709 TVD 8682

18. Elevations GR 8393 KB 8423

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:

CBL-VDL/GR-CCL
RST/Inelastic Capture Mode/GR-CCL
RST/Sigma Mode/GR-CCL
Slim Sonic Logging Tool/Sonic Porosity and Delta T/GR-CCL
Processed Data/SSLT-B

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Lin Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	20+0/0	16+0/0	65	0	120	4	0	120	CALC
SURF	14+3/4	9+5/8	36	0	2,679	1,190	0	2,679	CALC
1ST	8+3/4	4+1/2	11.6	0	8,761	1,668	3,072	8,761	CBL

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		79	0	2,679

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 G	4,369	4,516	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,516	6,089	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,089	8,204	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,204	8,611	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,611		<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
400124020	LAS-
400124021	LAS-
400124023	LAS-
400124024	LAS-
400124026	LAS-
400124028	DIRECTIONAL SURVEY
400124029	CEMENT JOB SUMMARY

Total Attach: 7 Files

General Comments

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

Total: 0 comment(s)