

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:

2555577

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: _____
3. Address: P O BOX 27757 Fax: _____
City: HOUSTON State: TX Zip: 77227

5. API Number 05-045-16017-00 6. County: GARFIELD
7. Well Name: CASCADE CREEK Well Number: 697-16-05
8. Location: QtrQtr: SWSE Section: 9 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 320 feet Direction: FSL Distance: 2240 feet Direction: FEL
As Drilled Latitude: 39.531099 As Drilled Longitude: -108.223408

GPS Data:

Data of Measurement: 06/10/2009 PDOP Reading: 3.2 GPS Instrument Operator's Name: BLAIR ROLLINS

** If directional footage

at Top of Prod. Zone Distance: 568 feet Direction: FNL Distance: 2530 feet Direction: FEL
Sec: 16 Twp: 6S Rng: 97W
at Bottom Hole Distance: 618 feet Direction: FNL Distance: 2581 feet Direction: FEL
Sec: 16 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) 11/18/2008 13. Date TD: 11/21/2008 14. Date Casing Set or D&A: 11/22/2008

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8843 TVD 8742 17 Plug Back Total Depth MD 7945 TVD 7846

18. Elevations GR 8279 KB 8303

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; ACOUSTIC CBL/TEMP (DEPTH SHIFTED TO KB), RMTE (DEPTH CORRECTED), COMPENSATED SPECTRAL NATURAL GAMMA RAY; slim-hole processed sonic
Note: the 2 CBLs are the same log

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16	55	0	84	90	0	84	CALC
SURF	14+3/4	9+5/8	36	0	2,761	1,500	0	2,761	CALC
1ST	8+3/4	4+1/2	11.6	0	7,983	1,307	7,178	7,983	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	4,153		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,506		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,009		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,386		<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: REG ANALYST Date: 6/7/2010 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: *David S. Neshin* Director of COGCC Date: 2/10/2011

Attachment Check List

Att Doc Num	Name
2555577	FORM 5 SUBMITTED
2555578	CEMENT JOB SUMMARY
2555579	DIRECTIONAL SURVEY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)