

**FORM**  
**5**Rev  
02/08State 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:

400133233

**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 completion1. OGCC Operator Number: 665714. Contact Name: Joan Proulx2. Name of Operator: OXY USA WTP LPPhone: (970) 263.36413. Address: P O BOX 27757Fax: (970) 263.3694City: HOUSTON State: TX Zip: 772275. API Number 05-045-18010-006. County: GARFIELD7. Well Name: Cascade CreekWell Number: 697-10-588. Location: QtrQtr: NWNW Section: 15 Township: 6S Range: 97W Meridian: 6Footage at surface: Distance: 223 feet Direction: FNL Distance: 707 feet Direction: FWLAs Drilled Latitude: 39.529610 As Drilled Longitude: -108.212960

## GPS Data:

Data of Measurement: 12/23/2009 PDOP Reading: 1.3 GPS Instrument Operator's Name: J. Richardson

## \*\* If directional footage

at Top of Prod. Zone Distance: 350 feet Direction: FSL Distance: 1310 feet Direction: FWLSec: 10 Twp: 6S Rng: 97Wat Bottom Hole Distance: 350 feet Direction: FSL Distance: 1310 feet Direction: FWLSec: 10 Twp: 6S Rng: 97W9. Field Name: GRAND VALLEY10. Field Number: 31290

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 10/16/2010 13. Date TD: \_\_\_\_\_ 14. Date Casing Set or D&A: 11/16/2010

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 9130 TVD 9061 17 Plug Back Total Depth MD 9070 TVD 900118. Elevations GR 8347 KB 8377

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/Slim Sonic Logging tool/GR-CCL  
RST/Sigma Mode/GR-CCL  
RST/Inelastic Capture/GR-CCL  
Slim Sonic Logging Tool/Sonic Porosity & Delta T/GR  
Processed Data/SSLT (Cased Hole)

## 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+0/0	16+0/0	65	0	120	4		120	CALC
SURF	14+3/4	9+5/8	36	0	2,748	1,006	0	2,748	CALC
1ST	8+3/4	4+1/2	11.6	0	9,103	1,790	2,488	9,103	CBL

### ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		74	0	2,748

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Final as-built data will be submitted once the drilling rig has left the pad and the surveyor is able to obtain that information.

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
400133235	CEMENT JOB SUMMARY
400133236	DIRECTIONAL SURVEY

Total Attach: 2 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)