

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:

400133671

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 05-045-17878-00 6. County: GARFIELD
7. Well Name: Shell Well Number: 797-03-15A
8. Location: QtrQtr: NWNE Section: 3 Township: 7S Range: 97W Meridian: 6
Footage at surface: Distance: 1221 feet Direction: FNL Distance: 1460 feet Direction: FEL
As Drilled Latitude: 39.478410 As Drilled Longitude: -108.201880

GPS Data:

Data of Measurement: 08/27/2010 PDOP Reading: 5.9 GPS Instrument Operator's Name: K. Gardiner

** If directional footage

at Top of Prod. Zone Distance: 791 feet Direction: FNL Distance: 1262 feet Direction: FEL
Sec: 3 Twp: 7S Rng: 97W
at Bottom Hole Distance: 791 feet Direction: FNL Distance: 1259 feet Direction: FEL
Sec: 3 Twp: 7S 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) 10/04/2010 13. Date TD: 10/12/2010 14. Date Casing Set or D&A: 10/13/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6700 TVD 6655 17 Plug Back Total Depth MD 6640 TVD 6595

18. Elevations GR 6327 KB 6345

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:

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	20+0/0	16+0/0	65	0	112	4	0	112	CALC
SURF	12+1/4	9+5/8	36	0	1,005	250	0	1,005	CALC
1ST	7+7/8	4+1/2	11.6	0	6,699	1,460	1,260	6,699	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	2,281	2,534	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,534	3,748	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	3,748	3,990	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,990	6,137	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,137	6,515	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,515		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This Form 5 is being submitted to reflect the formation intervals.

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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)