

FORM
5Rev
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:

400133914

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 05-045-17886-00

6. County: GARFIELD

7. Well Name: Shell

Well Number: 797-03-39A

8. Location: QtrQtr: NWNE Section: 3 Township: 7S Range: 97W Meridian: 6

Footage at surface: Distance: 1237 feet Direction: FNL Distance: 1448 feet Direction: FEL

As Drilled Latitude: 39.478360 As Drilled Longitude: -108.201840

GPS Data:

Data of Measurement: 09/24/2010 PDOP Reading: 1.6 GPS Instrument Operator's Name: B. Baker

** If directional footage

at Top of Prod. Zone Distance: 2547 feet Direction: FSL Distance: 711 feet Direction: FEL

Sec: 3 Twp: 7S Rng: 97W

at Bottom Hole Distance: 2437 feet Direction: FSL Distance: 652 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) 11/30/2010 13. Date TD: 12/04/2010 14. Date Casing Set or D&A: 12/05/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7050 TVD 6699 17 Plug Back Total Depth MD 6990 TVD 6639

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 | 102 | 4 | 0 | 102 | CALC |
| SURF | 12+1/4 | 9+5/8 | 36 | 0 | 1,028 | 245 | 0 | 1,028 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,027 | 1,210 | 1,980 | 7,027 | 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 | 2,435 | 2,672 | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT UNION | 2,672 | 3,977 | <input type="checkbox"/> | <input type="checkbox"/> | |
| MESAVERDE | 3,977 | 4,200 | <input type="checkbox"/> | <input type="checkbox"/> | |
| WILLIAMS FORK | 4,200 | 6,438 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 6,438 | 6,802 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 6,802 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

This final Form 5 is being submitted to add 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)