

**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:

2554534

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: 66561 4. Contact Name: JOAN PROULX
2. Name of Operator: OXY USA INC Phone: (970) 2633641
3. Address: PO BOX 27757 Fax: (970) 2633694
City: HOUSTON State: TX Zip: 77227

5. API Number 05-077-09678-00 6. County: MESA
7. Well Name: GRIFFITH Well Number: 11-2C
8. Location: QtrQtr: NWNE Section: 11 Township: 9S Range: 94W Meridian: 6
Footage at surface: Distance: 1196 feet Direction: FNL Distance: 1343 feet Direction: FEL
As Drilled Latitude: 39.295090 As Drilled Longitude: -107.845120

GPS Data:

Data of Measurement: 01/30/2009 PDOP Reading: 1.2 GPS Instrument Operator's Name: MATT BUSKER

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: 1029 feet Direction: FNL Distance: 1978 feet Direction: FEL
Sec: 11 Twp: 9S Rng: 94W

9. Field Name: BRUSH CREEK 10. Field Number: 7562

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 11/18/2008 13. Date TD: 11/29/2009 14. Date Casing Set or D&A: 11/30/2008

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7890 TVD 7855 17 Plug Back Total Depth MD 7834 TVD 779918. Elevations GR 7635 KB 7653

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:

ACOUSTIC CBL

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		0	57		0	57	CALC
SURF	12+1/4	8+5/8		0	1,530	420	0	1,530	CALC
1ST	7+7/8	4+1/2		0	7,883	1,075	1,350	7,883	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	
WILLIAMS FORK - CAMEO	5,120		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,329		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,728		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

LOGS (EXCEPT FOR CBL), DIRECTIONAL SURVEY AND CEMENT SUMMARY WERE SENT WITH THE PRELIMINARY FORM 5 ON 06/22/2009.

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: 5/14/2010

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. Neslin* Director of COGCC Date: 2/17/2011

Attachment Check List

Att Doc Num	Name
2554534	FORM 5 SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Log upload requested. UPLOAD RECEIVED.	9/17/2010 10:31:38 AM

Total: 1 comment(s)