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

Document Number: 400134649

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
2. Name of Operator: OXY USA WTP LP
3. Address: P O BOX 27757
City: HOUSTON State: TX Zip: 77227
4. Contact Name: Joan Proulx
Phone: (970) 263.3641
Fax: (970) 263.3694

5. API Number 05-045-18024-00
6. County: GARFIELD
7. Well Name: Cascade Creek
Well Number: 697-15-03B
8. Location: QtrQtr: NWNW Section: 15 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 232 feet Direction: FNL Distance: 711 feet Direction: FWL
As Drilled Latitude: 39.529580 As Drilled Longitude: -108.212950

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: 600 feet Direction: FNL Distance: 1587 feet Direction: FWL
Sec: 15 Twp: 6S Rng: 97W
at Bottom Hole Distance: 641 feet Direction: FNL Distance: 1683 feet Direction: FWL
Sec: 15 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) 10/02/2010
13. Date TD: 11/29/2010
14. Date Casing Set or D&A: 12/01/2010

15. Well Classification:
☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 9130 TVD 8965
17 Plug Back Total Depth MD 9070 TVD 8905

18. 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:
RST/Sigma Mode/GR-CCL
RST/Inelastic Capture/GR-CCL

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	0	120	CALC
SURF	14+3/4	9+5/8	36	0	2,729	1,027	0	2,729	CALC
1ST	8+3/4	4+1/2	11.6	0	8,895	1,780		8,895	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		17	0	2,729
	SURF		21	0	2,729
	SURF		15	0	2,729

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	
			☐	☐	

Comment:

Final as-built data will be submitted once the drilling rig leaves the pad and the surveyor is able to obtain that information.
When attempting to run the CBL, the weather conditions were freezing the pressure equipment. Once the weather improves, the CBL will be run and submitted.

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
400134662	DIRECTIONAL SURVEY
400134663	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)