

**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:

400134740

**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 05-045-18026-00

6. County: GARFIELD

7. Well Name: Cascade Creek

Well Number: 697-15-11B

8. Location: QtrQtr: NWNW Section: 15 Township: 6S Range: 97W Meridian: 6

Footage at surface: Distance: 239 feet Direction: FNL Distance: 698 feet Direction: FWL

As Drilled Latitude: 39.529570 As Drilled Longitude: -108.212990

## 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: 1233 feet Direction: FNL Distance: 1771 feet Direction: FWL

Sec: 15 Twp: 6S Rng: 97W

at Bottom Hole Distance: 1312 feet Direction: FNL Distance: 1856 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) 10/04/2010 13. Date TD: 12/09/2010 14. Date Casing Set or D&amp;A: 12/10/2010

## 15. Well Classification:

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

16. Total Depth MD 9165 TVD 8961 17 Plug Back Total Depth MD 9105 TVD 8901

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/Inelastic Capture/GR-CCL  
RST/Sigma Mode Fixed Beam/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	2,543	935	0	2,543	CALC
1ST	8+3/4	4+1/2	11.6	0	9,133	1,800		9,133	

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

Comment:

Final as-built information 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
400134743	DIRECTIONAL SURVEY
400134744	CEMENT JOB SUMMARY

Total Attach: 2 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)