

**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:

2556231

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) 263-3641

3. Address: PO BOX 27757

Fax: (970) 263-3694

City: HOUSTON State: TX Zip: 77227

5. API Number 05-077-09652-00

6. County: MESA

7. Well Name: MCDANIEL

Well Number: 11-16A

8. Location: QtrQtr: NWSE Section: 11 Township: 9S Range: 94W Meridian: 6

Footage at surface: Distance: 1998 feet Direction: FSL Distance: 1407 feet Direction: FEL

As Drilled Latitude: 39.289230 As Drilled Longitude: -107.846240

GPS Data:

Data of Measurement: 02/02/2009 PDOP Reading: 1.5 GPS Instrument Operator's Name: MATT BUSKER

** If directional footage

at Top of Prod. Zone Distance: 1018 feet Direction: FSL Distance: 650 feet Direction: FEL

Sec: 11 Twp: 9S Rng: 94W

at Bottom Hole Distance: 989 feet Direction: FSL Distance: 685 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) 11/01/2008 13. Date TD: 11/12/2008 14. Date Casing Set or D&A: 11/13/2008

15. Well Classification:

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

16. Total Depth MD 7778 TVD 7626 17 Plug Back Total Depth MD 7722 TVD 7570

18. Elevations GR 7402 KB 7422

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			60	4		60	CALC
SURF	12+1/4	8+5/8			1,533	450		1,533	CALC
1ST	7+7/8	4+1/2			7,768	1,100	1,180	7,768	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	4,942		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,174		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,591		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

LOGS(EXCEPT FOR CBL) DIRECTIONAL SURVEY, AND CEMENT SUMMARY WERE SENT WITH THE PRELIMINARY FORM 5 ON 6/22/2009.

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: REGULATORY ANALYST

Date: 6/23/2010

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 G. Neslin* Director of COGCC Date: 2/23/2011

Attachment Check List

Att Doc Num	Name
2556231	FORM 5 SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	DIGITAL CBL NEEDS TO BE UPLOADED- ACTUAL DIRECTIONAL,SURFACE CEMENT SUBMITTED WITH PRELIM-----TRIPLE,BHV,MUD,CBL HARD COPIES PRESENT.	10/4/2010 5:46:04 PM

Total: 1 comment(s)