

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:

400138117

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 05-045-18055-00

6. County: GARFIELD

7. Well Name: Cascade Creek

Well Number: 697-15-09B

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

Footage at surface: Distance: 255 feet Direction: FNL Distance: 647 feet Direction: FWL

As Drilled Latitude: 39.529520 As Drilled Longitude: -108.213170

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: 1128 feet Direction: FNL Distance: 366 feet Direction: FWL

Sec: 15 Twp: 6S Rng: 97W

at Bottom Hole Distance: 1128 feet Direction: FNL Distance: 366 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) 01/02/2011 13. Date TD: 01/23/2011 14. Date Casing Set or D&A: 01/25/2011

15. Well Classification:

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

16. Total Depth MD 9000 TVD 8923 17 Plug Back Total Depth MD 8940 TVD 8863

18. Elevations GR 8348 KB 8378

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:

Compensated Sonic/Full Waveform Log
Hole Volume/Caliper Log
Compensated Photo Density/Compensated Dual Neutron Log
Array Induction/Shallow Focused Electric Log
Quicklook/Sonic Quad Combo Log

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	2,713	930	0	2,713	CALC
1ST	8+3/4	4+1/2	11.6	0	8,970	1,741		8,970	

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: _____

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

Attachment Check List

Att Doc Num	Name
400138132	LAS-
400138137	CEMENT JOB SUMMARY
400138138	DIRECTIONAL SURVEY

Total Attach: 3 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)