

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:

400138384

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 completion1. OGCC Operator Number: 665714. Contact Name: Joan Proulx2. Name of Operator: OXY USA WTP LPPhone: (970) 263.36413. Address: P O BOX 27757Fax: (970) 263.3694City: HOUSTON State: TX Zip: 772275. API Number 05-045-19501-006. County: GARFIELD7. Well Name: Cascade CreekWell Number: 697-15-17A8. Location: QtrQtr: NWNW Section: 15 Township: 6S Range: 97W Meridian: 6Footage at surface: Distance: 264 feet Direction: FNL Distance: 651 feet Direction: FWLAs Drilled Latitude: 39.529500 As Drilled Longitude: -108.213160

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: 1451 feet Direction: FNL Distance: 463 feet Direction: FWLSec: 15 Twp: 6S Rng: 97Wat Bottom Hole Distance: 1566 feet Direction: FNL Distance: 444 feet Direction: FWLSec: 15 Twp: 6S Rng: 97W9. Field Name: GRAND VALLEY10. Field Number: 31290

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 12/19/2010 13. Date TD: 01/28/2011 14. Date Casing Set or D&A: 01/28/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 9105 TVD 8971 17 Plug Back Total Depth MD 9045 TVD 891118. 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:

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	2,709	1,015	0	2,709	CALC
1ST	8+3/4	4+1/2	11.6	0	9,086	1,766		9,086	

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		14	0	2,709

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: 3/2/2011 Email: joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Name
400138387	CEMENT JOB SUMMARY
400138388	DIRECTIONAL SURVEY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)