

**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



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| DE | ET | OE | ES |
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Document Number:

400080334

**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 05-077-09601-00 6. County: MESA  
7. Well Name: MCDANIEL Well Number: 14-3C  
8. Location: QtrQtr: NENW Section: 14 Township: 9S Range: 94W Meridian: 6  
Footage at surface: Distance: 832 feet Direction: FNL Distance: 1771 feet Direction: FWL  
As Drilled Latitude: 39.281440 As Drilled Longitude: -107.853460

## 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: 1069 feet Direction: FNL Distance: 2023 feet Direction: FWL  
Sec: 14 Twp: 9S Rng: 94W  
at Bottom Hole Distance: 1064 feet Direction: FNL Distance: 2005 feet Direction: FWL  
Sec: 14 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) 07/11/2008 13. Date TD: 07/19/2008 14. Date Casing Set or D&A: 07/22/2008

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7425 TVD 7411 17 Plug Back Total Depth MD 7369 TVD 735518. Elevations GR 7285 KB 7309

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+0/0       | 16+0/0         | 0     | 0             | 40            | 3         | 0       | 40      | CALC   |
| SURF        | 12+1/4       | 8+5/8          | 32    | 0             | 1,533         | 460       | 0       | 1,533   | VISU   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6  | 0             | 7,418         | 1,100     | 150     | 7,418   | 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  | 4,606          | 6,849  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CAMEO          | 6,849          | 7,234  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ROLLINS        | 7,234          |        | <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: 7/28/2010 Email: joan\_proulx@oxy.com

### Attachment Check List

| Att Doc Num | Name                   |
|-------------|------------------------|
| 400080334   | FORM 5 SUBMITTED       |
| 400080347   | LAS-TRIPLE COMBINATION |
| 400080348   | LAS-TRIPLE COMBINATION |
| 400080349   | LAS-MUD                |

Total Attach: 4 Files

### General Comments

| <u>User Group</u> | <u>Comment</u>  | <u>Comment Date</u>      |
|-------------------|---|--------------------------|
| Permit            | Received Triple Combo Equiv. 11/01-----Hard Copy                  | 11/3/2010<br>3:21:08 PM  |
| Permit            | RECEIVED-CBL DIGITAL  | 10/27/2010<br>4:00:50 PM |
| Permit            | Requires Digital Copy of CBL- Current Cement Bond is Mud-type Log | 9/20/2010<br>10:55:00 AM |

Total: 3 comment(s)