

FORM
5
Rev
02/08

State 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:
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 Observation

16. Total Depth MD 7425 TVD 7411 17 Plug Back Total Depth MD 7369 TVD 7355

18. 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 3:21:08 PM
Permit	RECEIVED-CBL DIGITAL	10/27/2010 4:00:50 PM
Permit	Requires Digital Copy of CBL- Current Cement Bond is Mud-type Log	9/20/2010 10:55:00 AM

Total: 3 comment(s)