

**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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**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.

Document Number:

400144173

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 05-045-18023-00

6. County: GARFIELD

7. Well Name: Cascade Creek

Well Number: 697-10-59

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

Footage at surface: Distance: 220 feet Direction: FNL Distance: 714 feet Direction: FWL

As Drilled Latitude: 39.529620 As Drilled Longitude: -108.212940

## 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 Dist.: 34 feet. Direction: FSL Dist.: 1405 feet. Direction: FWL

Sec: 10 Twp: 6S Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 33 feet. Direction: FSL Dist.: 1402 feet. Direction: FWL

Sec: 10 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) 09/29/2010 13. Date TD: 11/19/2010 14. Date Casing Set or D&amp;A: 11/19/2010

## 15. Well Classification:

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

16. Total Depth MD 9135 TVD\*\* 9076 17 Plug Back Total Depth MD 9075 TVD\*\* 9016

18. Elevations GR 8347 KB 8377

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:

CBL/Slim Sonic Logging Tool/GR-CCL  
RST/Inelastic Capture/GR-CCL  
RST/Sigma Mode/GR-CCL  
Processed Data/SSLT (Cased Hole)

## 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	2,741	1,825	0	2,741	CALC
1ST	8+3/4	4+1/2	11.6	0	9,112	1,790	2,250	9,112	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	
WASATCH G	4,476	4,646	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,646	5,939	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,939	6,143	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,143	8,470	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,470	8,847	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,847		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Subsequent Form 5 to add formation intervals

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	Document Name	attached ?
<u>Attachment Checklist</u>		
	CMT Summary *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
400144174	LAS-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)