


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
DRILLING COMPLETION REPORT			Document Number: 400107240
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion			
1. OGCC Operator Number: <u>66571</u>		4. Contact Name: <u>Joan Proulx</u>	
2. Name of Operator: <u>OXY USA WTP LP</u>		Phone: <u>(970) 263.3641</u>	
3. Address: <u>P O BOX 27757</u>		Fax: <u>(970) 263.3694</u>	
City: <u>HOUSTON</u>	State: <u>TX</u>	Zip: <u>77227</u>	
5. API Number <u>05-045-16964-00</u>		6. County: <u>GARFIELD</u>	
7. Well Name: <u>CASCADE CREEK</u>		Well Number: <u>697-16-09A</u>	
8. Location: QtrQtr: <u>SWSW</u> Section: <u>9</u> Township: <u>6S</u> Range: <u>97W</u> Meridian: <u>6</u>			
Footage at surface: Distance: <u>124</u> feet Direction: <u>FSL</u> Distance: <u>265</u> feet Direction: <u>FWL</u>			
As Drilled Latitude: _____ As Drilled Longitude: _____			
GPS Data:			
Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____			
** If directional footage at Top of Prod. Zone Dist.: <u>993</u> feet. Direction: <u>FNL</u> Dist.: <u>120</u> feet. Direction: <u>FWL</u>			
Sec: <u>16</u> Twp: <u>3S</u> Rng: <u>97W</u>			
** If directional footage at Bottom Hole Dist.: <u>1003</u> feet. Direction: <u>FNL</u> Dist.: <u>77</u> feet. Direction: <u>FWL</u>			
Sec: <u>16</u> Twp: <u>6S</u> Rng: <u>97W</u>			
9. Field Name: <u>GRAND VALLEY</u>		10. Field Number: <u>31290</u>	
11. Federal, Indian or State Lease Number: _____			
12. Spud Date: (when the 1st bit hit the dirt) <u>06/11/2010</u> 13. Date TD: <u>07/06/2010</u> 14. Date Casing Set or D&A: <u>07/07/2010</u>			
15. Well Classification:			
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation			
16. Total Depth MD <u>8812</u> TVD** <u>8690</u>		17 Plug Back Total Depth MD <u>8756</u> TVD** <u>8634</u>	
18. Elevations GR <u>8393</u> KB <u>8423</u>		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-VDL/GR-CCL RST/Inelastic Capture/GR-CCL RST/Sigma Mode Fixed Beam/GR-CCL Processsed Data DSI (Cased Hole)			
20. Casing, Liner and Cement:			

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	20+0/0	16+0/0	65	0	90	4	0	90	CALC
SURF	14+3/4	9+5/8	36	0	2,705	1,089	0	2,705	CALC
1ST	8+3/4	4+1/2	11.6	0	8,746	1,740	2,300	8,746	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF		47	0	2,705

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	
FORT UNION	4,601	6,095	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,095	8,315	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,315	8,674	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,674		<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: 11/23/2010 Email: joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400107537	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400107538	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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>			
400107240	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400107531	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400107532	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400107534	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400107536	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REQ AS DRILLED GPS	4/4/2011 3:34:51 PM

Total: 1 comment(s)