


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: 400107625	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input type="checkbox"/> Final completion <input checked="" 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>05-045-19284-00</u>		6. County: <u>GARFIELD</u>					
7. Well Name: <u>Cascade Creek</u>		Well Number: <u>697-17-23A</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>99</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>1528</u> feet. Direction: _____ Dist.: <u>1098</u> feet. Direction: _____					
Sec: <u>17</u>		Twp: <u>6S</u> Rng: <u>97W</u>					
** If directional footage at Bottom Hole		Dist.: <u>1599</u> feet. Direction: <u>FNL</u> Dist.: <u>1195</u> feet. Direction: <u>FEL</u>					
Sec: <u>17</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>05/29/2010</u> 13. Date TD: <u>07/13/2010</u> 14. Date Casing Set or D&A: <u>07/14/2010</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>9032</u> TVD** <u>8674</u>		17 Plug Back Total Depth MD <u>8976</u> TVD** <u>8618</u>					
18. Elevations GR <u>8396</u> KB <u>8426</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 RST/Sigma Mode Fixed Beam/GR-CCL							
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	2,935	1,400	0	2,935	CALC
1ST	8+3/4	4+1/2	11.6	0	8,985	1,405	2,000	8,985	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		340	0	2,935

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	4,749	6,320	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,320	8,485	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,485	8,865	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,865		<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>					
400107631	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400107630	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>					
400107625	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400107633	LAS-DENSITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400107635	LAS-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400107639	LAS-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400107641	LAS-NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)