

FORM
5Rev
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:

400170228

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

2. Name of Operator: OXY USA INC

3. Address: PO BOX 27757

City: HOUSTON State: TX Zip: 77227

4. Contact Name: Joan Proulx

Phone: (970) 263.3641

Fax: (970) 263.3694

5. API Number 05-077-09597-00

6. County: MESA

7. Well Name: MCDANIEL

Well Number: 15-1B

8. Location: QtrQtr: NENW Section: 14 Township: 9S Range: 94W Meridian: 6

Footage at surface: Distance: 816 feet Direction: FNL Distance: 1680 feet Direction: FWL

As Drilled Latitude: 39.281480 As Drilled Longitude: -107.853790

GPS Data:

Data of Measurement: 02/02/2009 PDOP Reading: 1.5 GPS Instrument Operator's Name: M. Busker

** If directional footage

at Top of Prod. Zone Distance: 920 feet Direction: FNL Distance: 631 feet Direction: FWL

Sec: 15 Twp: 9s Rng: 94w

at Bottom Hole Distance: 956 feet Direction: FNL Distance: 676 feet Direction: FWL

Sec: 15 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) 08/28/2008 13. Date TD: 09/07/2008 14. Date Casing Set or D&A: 09/09/2008

15. Well Classification:

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

16. Total Depth MD 7900 TVD 7361 17 Plug Back Total Depth MD 7844 TVD 7304

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:

Triple Combo
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	65	0	40	3	0	40	CALC
SURF	12+1/4	8+5/8	36	0	1,541	460	0	1,541	CALC
1ST	7+7/8	4+1/2	11.6	0	7,890	1,600	319	7,890	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	5,005	7,314	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,314	7,695	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,695		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Subsequent Form 5.

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

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)