


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: 400128840
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>05-045-17574-00</u>		6. County: <u>GARFIELD</u>	
7. Well Name: <u>CASCADE CREEK</u>		Well Number: <u>697-08-56B</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>191</u> feet Direction: <u>FSL</u> Distance: <u>263</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>892</u> feet. Direction: <u>FSL</u> Dist.: <u>446</u> feet. Direction: <u>FEL</u>			
Sec: <u>8</u> Twp: <u>6S</u> Rng: <u>97W</u>			
** If directional footage at Bottom Hole Dist.: <u>931</u> feet. Direction: <u>FSL</u> Dist.: <u>470</u> feet. Direction: <u>FEL</u>			
Sec: <u>8</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>09/03/2010</u> 13. Date TD: <u>10/17/2010</u> 14. Date Casing Set or D&A: <u>10/18/2010</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>8870</u> TVD** <u>8774</u>		17 Plug Back Total Depth MD <u>8810</u> TVD** <u>8714</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:			
Slim Sonic Logging Tool/CBL/GR & CCL Processed Data/SSLT (Cased Hole) RST/Sigma Mode/GR-CCL Slim Sonic Logging Tool/Sonic Porosity & Delta T/GR & CCL RST/Inelastic Capture/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	2,700	1,057	0	2,700	CALC
1ST	8+3/4	4+1/2	11.6	0	8,831	1,690	2,570	8,831	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		18	0	2,700

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	4,402	4,583	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,583	5,914	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,914	6,168	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,168	8,235	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,235	8,634	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,634		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Final as-built data (lat, long, GPS) will be submitted once the rig has departed the location and the surveyor has collected that information.

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: 1/28/2011 Email: joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400128884	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400128883	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>			
400128840	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400128845	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400128880	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	req GPS, reported GPs was same as APD, also req digital CBL	4/21/2011 2:40:17 PM

Total: 1 comment(s)