

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: 400130281	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 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>05-045-17695-00</u>		6. County: <u>GARFIELD</u>					
7. Well Name: <u>CASCADE CREEK</u>		Well Number: <u>697-17-08A</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>161</u> feet Direction: <u>FSL</u> Distance: <u>264</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>60</u> feet. Direction: <u>FNL</u> Dist.: <u>173</u> feet. Direction: <u>FEL</u>							
Sec: <u>17</u> Twp: <u>6S</u> Rng: <u>97W</u>							
** If directional footage at Bottom Hole Dist.: <u>60</u> feet. Direction: <u>FNL</u> Dist.: <u>173</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>06/04/2010</u> 13. Date TD: <u>06/23/2010</u> 14. Date Casing Set or D&A: <u>06/24/2010</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>8755</u> TVD** <u>8733</u>		17 Plug Back Total Depth MD <u>8699</u> TVD** <u>8677</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/Gamma Ray-CCL RST/Inelastic Capture Mode/GR-CCL RST/Sigma Mode-Fixed BEam/GR-CCL Slim Sonic Logging Toll/Sonic Porosity & Delta T/GR & CCL Processed Data/SSLT (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	2,914	1,400	0	2,914	CALC
1ST	8+3/4	4+1/2	11.6	0	8,737	2,025	1,940	8,737	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		150	0	2,914
	SURF		60	0	2,914

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	4,353	5,853	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,853	6,457	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,457	8,205	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,205	8,602	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,602		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Final as-built data will be submitted once the rig has left the pad and the surveyor has obtained 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: 2/4/2011 Email: joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400130287	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400130647	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>			
400130281	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400130283	LAS-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400130284	LAS-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400130285	LAS-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400130286	LAS-PULSED 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)