

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



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Document Number:  
400134517

**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: 66571 4. Contact Name: Joan Proulx  
2. Name of Operator: OXY USA WTP LP Phone: (970) 263.3641  
3. Address: P O BOX 27757 Fax: (970) 263.3694  
City: HOUSTON State: TX Zip: 77227

5. API Number 05-045-19281-00 6. County: GARFIELD  
7. Well Name: Cascade Creek Well Number: 697-17-06A  
8. Location: QtrQtr: SWSW Section: 9 Township: 6S Range: 97W Meridian: 6  
Footage at surface: Distance: 121 feet Direction: FSL Distance: 265 feet Direction: FWL  
As Drilled Latitude: 39.530530 As Drilled Longitude: -108.233200

GPS Data:

Data of Measurement: 12/14/2009 PDOP Reading: 1.5 GPS Instrument Operator's Name: J. Richardson

\*\* If directional footage at Top of Prod. Zone Dist.: 275 feet. Direction: FNL Dist.: 1485 feet. Direction: FEL  
Sec: 17 Twp: 6S Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 292 feet. Direction: FNL Dist.: 1559 feet. Direction: FEL  
Sec: 17 Twp: 6S Rng: 97W

9. Field Name: GRAND VALLEY 10. Field Number: 31290

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 07/23/2010 13. Date TD: 07/25/2010 14. Date Casing Set or D&A: 07/26/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8955 TVD\*\* 8682 17 Plug Back Total Depth MD 8899 TVD\*\* 8626

18. Elevations GR 8393 KB 8423

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:  
\_\_\_\_\_  
\_\_\_\_\_

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	20+0/0	16+0/0	65	0	90	4	0	90	CALC
SURF	14+3/4	9+5/8	36	0	2,929	1,520	0	2,929	CALC
1ST	8+3/4	4+1/2	11.6	0	8,915	1,660	2,500	8,915	CBL

ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		287	0	1,520

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	4,455	4,682	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,682	6,290	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,290	8,409	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,409	8,783	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,783		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Final as-built data will be submitted once received from the surveyor.

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: 2/17/2011 Email: joan\_proulx@oxy.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400134517	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	D/S ATTACHED TO PRELIM 5 DOC#400107173	4/11/2011 2:14:34 PM

Total: 1 comment(s)