


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: 400083388	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: 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 05-045-16010-00		6. County: GARFIELD					
7. Well Name: CASCADE CREEK		Well Number: 697-09-54A					
8. Location: QtrQtr: SWSE Section: 9 Township: 6S Range: 97W Meridian: 6							
Footage at surface: Distance: 336 feet Direction: FSL Distance: 2233 feet Direction: FEL							
As Drilled Latitude: 39.531150	As Drilled Longitude: -108.223380						
GPS Data:							
Data of Measurement: 07/13/2010 PDOP Reading: 1.9 GPS Instrument Operator's Name: Jim Grabowski							
** If directional footage at Top of Prod. Zone Dist.: 967 feet. Direction: FSL Dist.: 1832 feet. Direction: FEL							
Sec: 9 Twp: 6S Rng: 97W							
** If directional footage at Bottom Hole Dist.: 1270 feet. Direction: FSL Dist.: 1664 feet. Direction: FEL							
Sec: 9 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) 07/23/2008 13. Date TD: 08/02/2008 14. Date Casing Set or D&A: 08/03/2008							
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 8965 TVD** 8881		17 Plug Back Total Depth MD 8893 TVD** 8809					
18. Elevations GR 8279 KB 8303		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:

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	24+0/0	16+0/0	65	0	84	4	0	84	CALC
SURF	14+3/4	9+5/8	36	0	2,606	1,620	0	2,606	VISU
1ST	8+3/4	4+1/2	11.6	0	8,933	1,892	1,900	8,933	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		200	0	2,606

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	
MESAVERDE	5,816	6,031	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,031	8,272	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,275	8,700	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,702		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The directional survey, cement summary and logs were submitted with the preliminary Form 5 on 12/2/2009. A Form 4 was sent to the COGCC separately; copy is attached. Form 4 explains that there is a low top of cement (7620'), and the top perf is at 7830'. Form 4 also indicates the Bradenhead reading for this well on 8/11/2010 was 0 psi.

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: 10/18/2010

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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
400101303	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400083388	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400083399	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400083401	LAS-DENSITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400083816	LAS-DENSITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)