

<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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:  <b>400138384</b>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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 type="checkbox"/> Final completion <input checked="" 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>05-045-19501-00</u>		6. County: <u>GARFIELD</u>					
7. Well Name: <u>Cascade Creek</u>		Well Number: <u>697-15-17A</u>					
8. Location: QtrQtr: <u>NWNW</u> Section: <u>15</u> Township: <u>6S</u> Range: <u>97W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>264</u> feet Direction: <u>FNL</u>		Distance: <u>651</u> feet Direction: <u>FWL</u>					
As Drilled Latitude: <u>39.529500</u>		As Drilled Longitude: <u>-108.213160</u>					
GPS Data: Data of Measurement: <u>12/23/2009</u> PDOP Reading: <u>1.3</u> GPS Instrument Operator's Name: <u>J. Richardson</u>							
** If directional footage at Top of Prod. Zone		Dist.: <u>1451</u> feet. Direction: <u>FNL</u>					
Sec: <u>15</u>		Dist.: <u>463</u> feet. Direction: <u>FWL</u>					
Twp: <u>6S</u>		Rng: <u>97W</u>					
** If directional footage at Bottom Hole		Dist.: <u>1436</u> feet. Direction: <u>FNL</u>					
Sec: <u>15</u>		Dist.: <u>444</u> feet. Direction: <u>FWL</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>12/19/2010</u>							
13. Date TD: <u>01/28/2011</u>		14. Date Casing Set or D&A: <u>01/28/2011</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>9105</u> TVD** <u>8971</u>		17 Plug Back Total Depth MD <u>9045</u> TVD** <u>8911</u>					
18. Elevations GR <u>8348</u> KB <u>8378</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: _____ _____							
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	120	4	0	120	CALC
SURF	14+3/4	9+5/8	36	0	2,709	1,015	0	2,709	CALC
1ST	8+3/4	4+1/2	11.6	0	9,086	1,766	2,700	9,086	CBL

ADDITIONAL CEMENT

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

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		14	0	2,709

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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: 3/2/2011 Email: joan\_proulx@oxy.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400138387	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400138388	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b><u>Other Attachments</u></b>			
400138384	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)