

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:
400148951

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 05-045-19500-00 6. County: GARFIELD
7. Well Name: Cascade Creek Well Number: 697-10-42C
8. Location: QtrQtr: NWNW Section: 15 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 234 feet Direction: FNL Distance: 687 feet Direction: FWL
As Drilled Latitude: 39.529580 As Drilled Longitude: -108.213030

GPS Data:

Data of Measurement: 12/23/2009 PDOP Reading: 1.3 GPS Instrument Operator's Name: J. Richardson

** If directional footage at Top of Prod. Zone Dist.: 1286 feet. Direction: FSL Dist.: 1041 feet. Direction: FWL

Sec: 10 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1400 feet. Direction: FSL Dist.: 1068 feet. Direction: FWL

Sec: 10 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) 09/22/2010 13. Date TD: 10/30/2010 14. Date Casing Set or D&A: 10/31/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9210 TVD** 9007 17 Plug Back Total Depth MD 9150 TVD** 8947

18. Elevations GR 8347 KB 8377

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/CBL-VDL/GR-CCL
RST/Inelastic Capture/GR-CCL
RST/Sigma Mode-Fixed Beam/GR-CCL
Slim Sonic Logging Tool/CBL/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	24+0/0	16+0/0	65	0	120	4	0	120	CALC
SURF	14+3/4	9+5/8	36	0	2,688	1,108	0	2,688	CALC
1ST	8+3/4	4+1/2	11.6	0	9,191	1,805	1,450	9,191	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		188	0	2,688
	SURF		72	0	2,688
	SURF		162	0	2,688
	SURF		63	0	2,688
	SURF		12	0	2,688

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	4,587	4,756	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,756	6,140	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,140	6,309	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,309	8,649	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,649	9,045	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,045		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Subsequent preliminary Form 5 to add formation intervals.
Cementing issues were encountered with the 697-10-42C well, and it is a candidate for a workover and a squeeze. Once engineered plans are received and the work is completed, a subsequent Form 5 will be submitted, along with any required documentation.
As built data will be provided once the rig leaves the pad and the surveyor is able to obtain 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: 3/31/2011 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>			
400148951	FORM 5 SUBMITTED	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)