

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:
1946268

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: (713) 215-7232
 3. Address: P O BOX 27757 Fax: (713) 985-1818
 City: HOUSTON State: TX Zip: 77227

5. API Number 05-045-14202-00 6. County: GARFIELD
 7. Well Name: LOGAN WASH Well Number: 796-17-53A
 8. Location: QtrQtr: SESW Section: 17 Township: 7S Range: 96W Meridian: 6
 Footage at surface: Distance: 1260 feet Direction: FSL Distance: 2421 feet Direction: FWL
 As Drilled Latitude: 39.433570 As Drilled Longitude: -108.132028

GPS Data:
Data of Measurement: 06/18/2009 PDOP Reading: 2.0 GPS Instrument Operator's Name: BLAIR ROLLINS

** If directional footage at Top of Prod. Zone Dist.: 1068 feet. Direction: _____ Dist.: 2357 feet. Direction: _____
 Sec: 17 Twp: 7S Rng: 96W
 ** If directional footage at Bottom Hole Dist.: 1038 feet. Direction: FSL Dist.: 2268 feet. Direction: FEL
 Sec: 17 Twp: 7S Rng: 96W

9. Field Name: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 07/02/2007 13. Date TD: 07/20/2007 14. Date Casing Set or D&A: 07/21/2007

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8916 TVD** 8890 17 Plug Back Total Depth MD 8860 TVD** 8834

18. Elevations GR 8629 KB 8647 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:
ACOUSTIC CBL, RMT, GR-CCL TEMP

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	16		0	86		0	86	CALC
SURF	14+3/4	9+5/8		0	2,624	1,321	0	2,624	CALC
1ST	6+1/4	4+1/2		0	8,873	324	4,173	8,873	CALC
1ST LINER	8+3/4	7		2650	6,015	1,702	1,829	6,015	

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	4,405	4,695	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,695	5,861	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,861	6,073	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,073	8,479	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,479	8,685	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,685		<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: Y _____ Print Name: JOAN_PROULX _____

Title: REG. ADMIN ASST _____ Date: 7/6/2009 _____ 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"/>

General Comments

User Group	Comment	Comment Date
Permit	PART OF OLD FORM 5A CLEANUP. PAPER LOGS CBL#1620616, GR/CCL#1620615,RMT #1620614 NEVER SCANNED. FINAL D.S. AND SURF. CMT. TKT. REC'D BUT NOT ASSIGNED DOC. # OR SCANNED. SUBMITTED FOR PRIORITY SCANNING.	8/22/2011 10:21:06 AM

Total: 1 comment(s)