

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



DE ET OE ES

Document Number:
1665421

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
2. Name of Operator: OXY USA WTP LP
3. Address: P O BOX 27757
City: HOUSTON State: TX Zip: 77227
4. Contact Name: JOAN PROULX
Phone: (713) 215-7000
Fax: (713) 215-7545

5. API Number 05-045-15448-00
6. County: GARFIELD
7. Well Name: CC
Well Number: 697-16-63
8. Location: QtrQtr: SWSE Section: 16 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 400 feet Direction: FSL Distance: 2073 feet Direction: FEL
As Drilled Latitude: 39.516877 As Drilled Longitude: -108.222782

GPS Data:
Date of Measurement: 12/19/2007 PDOP Reading: 5.6 GPS Instrument Operator's Name: SCOTT VERNON

** If directional footage at Top of Prod. Zone Dist.: 257 feet. Direction: FSL Dist.: 1226 feet. Direction: FEL
Sec: 16 Twp: 6S Rng: 97W
** If directional footage at Bottom Hole Dist.: 239 feet. Direction: FSL Dist.: 1305 feet. Direction: FEL
Sec: 16 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) 05/23/2008 13. Date TD: 05/30/2008 14. Date Casing Set or D&A: 05/31/2008

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

16. Total Depth MD 7565 TVD** 7469 17 Plug Back Total Depth MD 7509 TVD** 7413

18. Elevations GR 7005 KB 7023
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/VDL, GAMMA RAY-CCL, RST IC MODE, RST SIGMA MODE-FIXED BEAM, PROCESSED DATA SSLT-B

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	24	16		0	78	4	0	78	CALC
SURF	14+3/4	9+5/8		0	1,580	858	0	1,580	CALC
1ST	7+7/8	4+1/2		0	7,565	1,140	1,090	7,565	CBL

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	
MESAVERDE	4,448	4,584	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,584	6,803	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,803	7,232	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,232		<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: REGULATORY ADMIN. ASST. Date: 10/29/2009 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"/>
2070062	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"/>

General Comments

User Group	Comment	Comment Date
Permit	APPROVED AS PART OF OLD FORM 5A CLEANUP. DOC #1665421. FOUND COMPLETE WELL FILE. SUBMITTED FOR PRIORITY SCANNING. PAPER CBL #1299257 AND D.S. 2070062 AND SURF. CMT. SUMM. #2537457 IN FILE.	8/23/2011 1:19:37 PM

Total: 1 comment(s)