

**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:

400199421

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 completion1. OGCC Operator Number: 665712. Name of Operator: OXY USA WTP LP3. Address: P O BOX 27757City: HOUSTON State: TX Zip: 772274. Contact Name: Joan ProulxPhone: (970) 263-3641Fax: (970) 263-36945. API Number 05-045-20020-006. County: GARFIELD7. Well Name: Cascade CreekWell Number: 697-09-19A8. Location: QtrQtr: NENE Section: 8 Township: 6S Range: 97W Meridian: 6Footage at surface: Distance: 998 feet Direction: FNL Distance: 1124 feet Direction: FELAs Drilled Latitude: 39.541960 As Drilled Longitude: -108.238140

GPS Data:

Data of Measurement: 08/03/2010 PDOP Reading: 2.3 GPS Instrument Operator's Name: R Rennke

** If directional footage

at Top of Prod. Zone Distance: 1444 feet Direction: FNL Distance: 1447 feet Direction: FWLSec: 9 Twp: 6S Rng: 97Wat Bottom Hole Distance: 1480 feet Direction: FNL Distance: 1656 feet Direction: FWLSec: 9 Twp: 6S Rng: 97W9. Field Name: GRAND VALLEY10. Field Number: 31290

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 03/10/2011 13. Date TD: 04/30/2011 14. Date Casing Set or D&A: 05/01/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 9570 TVD 9052 17 Plug Back Total Depth MD 9514 TVD 899618. Elevations GR 8407 KB 8437

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
Sonic Porosity & Delta T/Slim Sonic Logging Tool/GR-CCL
RST/Elastic Capture Mode/GR-CCL
RST/Sigma Mode/GR-CCL
Processed Data/SSLT (Cased Hole)

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+0/0	16+0/0	65	0	110	4	0	110	CALC
SURF	14+3/4	9+5/8	36	0	2,665	1,211	0	2,665	CALC
1ST	8+3/4	4+1/2	11.6	0	9,548	1,855	3,490	9,548	CBL

ADDITIONAL CEMENT

Cement work date: 03/13/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		77	0	2,665

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	
FORT UNION	4,980	6,458	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,458	6,632	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,632	8,905	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,905	9,290	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,290		<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: _____ Email: joan_proulx@oxy.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400199427	LAS-
400199429	LAS-

Total Attach: 2 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)