

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:
400199630

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: (970) 263-3641
Fax: (970) 263-3694

5. API Number 05-045-18730-00
6. County: GARFIELD
7. Well Name: Cascade Creek Well Number: 697-09-17A
8. Location: QtrQtr: NENE Section: 8 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 1011 feet Direction: FNL Distance: 1132 feet Direction: FEL
As Drilled Latitude: 39.541920 As Drilled Longitude: -108.238170

GPS Data:
Data of Measurement: 08/03/2010 PDOP Reading: 3.9 GPS Instrument Operator's Name: R Rennke

** If directional footage
at Top of Prod. Zone Distance: 1648 feet Direction: FNL Distance: 130 feet Direction: FWL
Sec: 9 Twp: 6S Rng: 97W
at Bottom Hole Distance: 1648 feet Direction: FNL Distance: 130 feet Direction: FWL
Sec: 9 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) 03/13/2011 13. Date TD: 04/21/2011 14. Date Casing Set or D&A: 04/22/2011

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

16. Total Depth MD 9156 TVD 8964 17 Plug Back Total Depth MD 9100 TVD 8908

18. 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/Sigma Mode/GR-CCL
RST/Inelastic Capture 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	2,699	1,196	0	2,699	CALC
1ST	8+3/4	4+1/2	11.6	0	9,132	1,800	1,930	9,132	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	
FORT UNION	4,702	6,094	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,094	6,352	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,352	8,472	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,472	8,869	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,869		<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
400199634	LAS-SONIC

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)