

FORM
5Rev
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

DRILLING COMPLETION REPORT

Document Number:

400199745

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 05-045-20013-00

6. County: GARFIELD

7. Well Name: Cascade Creek

Well Number: 697-05-71

8. Location: QtrQtr: NENE Section: 8 Township: 6S Range: 97W Meridian: 6

Footage at surface: Distance: 955 feet Direction: FNL Distance: 1107 feet Direction: FEL

As Drilled Latitude: 39.542070 As Drilled Longitude: -108.238080

GPS Data:

Data of Measurement: 08/03/2010 PDOP Reading: 3.6 GPS Instrument Operator's Name: R Rennke

** If directional footage

at Top of Prod. Zone Distance: 1196 feet Direction: FSL Distance: 695 feet Direction: FEL

Sec: 5 Twp: 6S Rng: 97W

at Bottom Hole Distance: 1240 feet Direction: FSL Distance: 685 feet Direction: FEL

Sec: 5 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) 05/22/2011 13. Date TD: 06/16/2011 14. Date Casing Set or D&A: 06/18/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 9425 TVD 8990 17 Plug Back Total Depth MD 9369 TVD 8934

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:

Induction RTAP Electric Log
Compensated Photo Density/Compensated Dual Neutron Log
Hole Volume Caliper Log
CBL/CBL-VDL/GR-CCL
RST/Inelastic Capture Mode/GR-CCL
RST/Sigma Mode/GR-CCL

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	120	4	0	120	CALC
SURF	14+3/4	9+5/8	36	0	2,691	1,220	0	2,691	CALC
1ST	8+3/4	4+1/2	11.6	0	9,404	1,867	3,455	9,404	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	4,917	6,347	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,347	6,592	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,592	8,740	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,740	9,137	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,137		<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
400199746	DIRECTIONAL SURVEY
400199747	LAS-

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)