

**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:  
  
400199867

**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: (970) 263-3641  
 3. Address: P O BOX 27757 Fax: (970) 263-3694  
 City: HOUSTON State: TX Zip: 77227

5. API Number 05-045-18128-00 6. County: GARFIELD  
 7. Well Name: Cascade Creek Well Number: 697-08-08B  
 8. Location: QtrQtr: NENE Section: 8 Township: 6S Range: 97W Meridian: 6  
 Footage at surface: Distance: 961 feet Direction: FNL Distance: 1099 feet Direction: FEL  
 As Drilled Latitude: 39.542060 As Drilled Longitude: -108.238050

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: 381 feet Direction: FNL Distance: 239 feet Direction: FEL  
 Sec: 8 Twp: 6S Rng: 97W  
 at Bottom Hole Distance: 381 feet Direction: FNL Distance: 239 feet Direction: FEL  
 Sec: 8 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) 05/15/2011 13. Date TD: 07/05/2011 14. Date Casing Set or D&A: 07/06/2011

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

16. Total Depth MD 9000 TVD 8885 17 Plug Back Total Depth MD 8944 TVD 8829

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:  
RST/Sigma Mode/GR-CCL  
CBL/CBL-VDL/GR-CCL  
RST/Inelastic Capture 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	110	4	0	110	CALC
SURF	14+3/4	9+5/8	36	0	2,698	1,220	0	2,698	CALC
1ST	8+3/4	4+1/2	11.6	0	8,979	1,790	2,220	8,979	CBL

## ADDITIONAL CEMENT

Cement work date: 05/17/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		117	0	2,698

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	4,630	6,021	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,021	6,268	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,268	8,416	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,416	8,813	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,813		<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

Total Attach: 0 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)