

FORM
5Rev
02/08State 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:

400200638

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 05-045-18134-00

6. County: GARFIELD

7. Well Name: Cascade Creek

Well Number: 697-09-48A

8. Location: QtrQtr: NWSE Section: 9 Township: 6S Range: 97W Meridian: 6

Footage at surface: Distance: 1761 feet Direction: FSL Distance: 1891 feet Direction: FEL

As Drilled Latitude: 39.535050 As Drilled Longitude: -108.222160

GPS Data:

Data of Measurement: 09/07/2010 PDOP Reading: GPS Instrument Operator's Name: B Johnson

** If directional footage

at Top of Prod. Zone Distance: 1725 feet Direction: FSL Distance: 519 feet Direction: FEL

Sec: 9 Twp: 6S Rng: 97W

at Bottom Hole Distance: 1722 feet Direction: FSL Distance: 423 feet Direction: FEL

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) 12/25/2010 13. Date TD: 07/27/2011 14. Date Casing Set or D&A: 07/29/2011

15. Well Classification:

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

16. Total Depth MD 9211 TVD 8996 17 Plug Back Total Depth MD 9155 TVD 8940

18. Elevations GR 8379 KB 8409

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:

Compensated Sonic Full Waveform Log
Quicklook Sonic Quad Combo Log
Induction RTAP Electric Log
Compensated Photo Density/Compensated Dual Neutron Log

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	80	4	0	80	CALC
SURF	14+3/4	9+5/8	36	0	2,605	1,210	0	2,605	CALC
1ST	8+3/4	4+1/2	11.6	0	9,181	1,847		9,181	

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Preliminary Form 5

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
400200649	CEMENT JOB SUMMARY
400200650	DIRECTIONAL SURVEY
400200651	LAS-
400200652	LAS-SONIC

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)