

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:  
400186558

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 05-045-20088-00  
6. County: GARFIELD  
7. Well Name: Cascade Creek  
Well Number: 697-09-15B  
8. Location: QtrQtr: NWSE Section: 9 Township: 6S Range: 97W Meridian: 6  
Footage at surface: Distance: 1783 feet Direction: FSL Distance: 1912 feet Direction: FEL  
As Drilled Latitude: 39.535110 As Drilled Longitude: -108.222230

GPS Data:  
Date of Measurement: 09/07/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: B Johnson

\*\* If directional footage at Top of Prod. Zone Dist.: 1475 feet. Direction: FNL Dist.: 1162 feet. Direction: FEL  
Sec: 9 Twp: 6S Rng: 97W  
\*\* If directional footage at Bottom Hole Dist.: 1221 feet. Direction: FNL Dist.: 1067 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) 04/12/2011 13. Date TD: 06/26/2011 14. Date Casing Set or D&A: 06/27/2011

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

16. Total Depth MD 9475 TVD\*\* 9085 17 Plug Back Total Depth MD 9419 TVD\*\* 9029

18. Elevations GR 8381 KB 8411  
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  
Compact Drop Off/Hole Volume Log  
Compact Drop Off/Compensated Photo Density/Compensated Dual Neutron  
Compact Drop Off/Compact Triple Combo/Quicklook Log  
Compact Drop Off/Array Induction/Shallow Focused Electric Log  
Compact Drop Off/Compensated Sonic 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	120	4	0	120	CALC
SURF	14+3/4	9+5/8	36	0	2,672	1,219	0	2,672	CALC
1ST	8+3/4	4+1/2	11.6	0	9,445	1,798	4,950	9,445	CBL

### ADDITIONAL CEMENT

Cement work date: 04/14/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		18	1,300	2,672

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: 7/19/2011 Email: joan\_proulx@oxy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400186563	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400186562	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400186558	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400186560	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400186561	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

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

Total: 0 comment(s)