

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:
400197010

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 05-045-18129-00
6. County: GARFIELD
7. Well Name: Cascade Creek
Well Number: 697-08-16
8. Location: QtrQtr: NENE Section: 8 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 980 feet Direction: FNL Distance: 1111 feet Direction: FEL
As Drilled Latitude: 39.542010 As Drilled Longitude: -108.238100

GPS Data:
Date of Measurement: 08/03/2010 PDOP Reading: 2.2 GPS Instrument Operator's Name: R Renke

** If directional footage at Top of Prod. Zone Dist.: 1013 feet. Direction: FNL Dist.: 54 feet. Direction: FEL
Sec: 8 Twp: 6S Rng: 97W
** If directional footage at Bottom Hole Dist.: 1013 feet. Direction: FNL Dist.: 54 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) 05/06/2011 13. Date TD: 07/17/2011 14. Date Casing Set or D&A: 07/19/2011

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

16. Total Depth MD 8980 TVD** 8866 17 Plug Back Total Depth MD 8924 TVD** 8810

18. Elevations GR 8426 KB 8456
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
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	2,710	1,220	0	2,710	CALC
1ST	8+3/4	4+1/2	11.6	0	8,959	1,695		8,959	

ADDITIONAL CEMENT

Cement work date: 05/08/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		72	0	2,710

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	4,629	6,025	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,025	6,273	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,273	8,412	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,412	8,811	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,811		<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: 8/17/2011 Email: joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400197012	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400197011	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"/>
<u>Other Attachments</u>			
400197010	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400197031	LAS-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	RST/SM, RST/ICM, CBL rcd, not yet scanned. See well logs upload for LAS porosity. NKP	8/25/2011 9:26:18 AM

Total: 1 comment(s)