

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:

400211266

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 05-045-18132-00 6. County: GARFIELD
 7. Well Name: Cascade Creek Well Number: 697-09-48B
 8. Location: QtrQtr: NWSE Section: 9 Township: 6S Range: 97W Meridian: 6
 Footage at surface: Distance: 1757 feet Direction: FSL Distance: 1884 feet Direction: FEL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
 Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage
 at Top of Prod. Zone Distance: 1426 feet Direction: FSL Distance: 459 feet Direction: FEL
 Sec: 9 Twp: 6S Rng: 97W
 at Bottom Hole Distance: 1390 feet Direction: FSL Distance: 304 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) 07/14/2011 13. Date TD: 07/19/2011 14. Date Casing Set or D&A: 07/20/2011

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

16. Total Depth MD 9250 TVD 9062 17 Plug Back Total Depth MD 9194 TVD 9006

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:
CBL/CBL-VDL/GR-CCL
RST/Sigma Mode/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	90	4	0	90	CALC
SURF	14+3/4	9+5/8	36	0	2,689	1,219	0	2,689	CALC
1ST	8+3/4	4+1/2	11.6	0	9,217	1,790	2,900	9,217	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	4,774	6,091	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,091	6,257	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,257	8,628	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,628	9,007	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,007		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Subsequent 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
400211271	LAS-

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)