

**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:

400212897

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 completion1. OGCC Operator Number: 665712. Name of Operator: OXY USA WTP LP3. Address: P O BOX 27757City: HOUSTON State: TX Zip: 772274. Contact Name: Joan ProulxPhone: (970) 263.3641Fax: (970) 263.36945. API Number 05-045-13991-006. County: GARFIELD7. Well Name: CASCADE CREEKWell Number: 697-16-078. Location: QtrQtr: NENE Section: 16 Township: 6S Range: 97W Meridian: 6Footage at surface: Distance: 1151 feet Direction: FNL Distance: 314 feet Direction: FELAs Drilled Latitude: 39.527081 As Drilled Longitude: -108.216583

GPS Data:

Data of Measurement: 09/14/2009 PDOP Reading: 1.8 GPS Instrument Operator's Name: B Rollins

** If directional footage

at Top of Prod. Zone Distance: 575 feet Direction: FNL Distance: 1002 feet Direction: FELSec: 16 Twp: 6S Rng: 97Wat Bottom Hole Distance: 364 feet Direction: FNL Distance: 1330 feet Direction: FELSec: 16 Twp: 6S Rng: 97W9. Field Name: GRAND VALLEY10. Field Number: 31290

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/30/2007 13. Date TD: 08/24/2007 14. Date Casing Set or D&A: 08/26/2007

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8971 TVD 8851 17 Plug Back Total Depth MD 8806 TVD 868618. Elevations GR 8269 KB 8293

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/GR-CCL
Temp
RMTE

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	2,550	1,430	0	2,550	CALC
1ST	6+1/4	4+1/2	11.6	0	8,848	310	7,232	8,848	CBL
1ST LINER	8+3/4	7+0/0		2550	5,815	475	2,319	5,815	CALC

ADDITIONAL CEMENT

Cement work date: 07/01/2008

Details of work:

The Form 5 dated 11/24/2009 contained an incorrect top of cement for the production casing (7,460'); the correct figure is 7,634'. Three squeeze jobs were performed in an attempt to raise cement above 7302' (200' above proposed top perf at 7502"):
 Squeeze #1 on 7/1/2008, 220 sxs, through retainer at 7450', pressure test held at 650 psi
 Squeeze #2 on 7/12/2008, 350 sxs, through retainer at 7440', pressure test held at 600 psi
 Squeeze #3 on 7/18/2008, 350 sxs, through retainer at 7430', pressure test held at 600 psi
 9/7/2008: 50 sxs plug set at 7516'
 9/10/2008: pressure tested squeeze holes at 7500' to 5,000 psi and held OK

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	SURF		220	0	2,550
SQUEEZE	SURF		350	0	2,550
SQUEEZE	SURF		350	0	2,550

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	
WASATCH G	4,263	4,482	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,482	5,782	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,782	5,974	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	5,974	8,224	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,224	8,693	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,693		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This Form 5 will correct the information contained on the Form 5 originated 11/24/2009, and the information on the Form 4 Sundry Notice originated 11/24/2009.

After the three squeezes were performed in July, 2008, a CBL was run on 7/28/2008 from 7690' - 7000'. The CBL vendor is attempting to locate an LAS version of the CBL; I will upload that LAS CBL to the COGCC upon receipt.

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

User Group

Comment

Comment Date

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Total: 0 comment(s)