FORM 5				
Rev 02/08	DE	ET	OE	ES

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

DRILLING COMPLETION REPORT

Document Number:

400216582

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   05-045-19500-00   6. County: GARFIELD

7. Well Name: Cascade Creek   Well Number: 697-10-42C

8. Location: QtrQtr: NWNW   Section: 15   Township: 6S   Range: 97W   Meridian: 6

Footage at surface: Distance: 234 feet   Direction: FNL   Distance: 687 feet   Direction: FWL

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   Dist.: 1286 feet. Direction: FSL   Dist.: 1041 feet. Direction: FWL

Sec: 10   Twp: 6S   Rng: 97W

** If directional footage at Bottom Hole   Dist.: 1400 feet. Direction: FSL   Dist.: 1068 feet. Direction: FWL

Sec: 10   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)   09/22/2010   13. Date TD: 10/30/2010   14. Date Casing Set or D&A: 10/31/2010

15. Well Classification:

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

16. Total Depth   MD 9210   TVD** 9007   17 Plug Back Total Depth   MD 9150   TVD** 8947

18. Elevations   GR 8347   KB 8377   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/GR-CCL
RST/Sigma Mode-Fixed Beam/GR-CCL
Slim Sonic Logging Tool/CBL/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	2,688	1,215	0	2,688	CALC
1ST	8+3/4	4+1/2	11.6	0	9,191	1,805	6,582	9,191	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/26/2010

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		188	0	2,688
	SURF		72	0	2,688
	SURF		162	0	2,688
	SURF		63	0	2,688
	SURF		12	0	2,688
SQUEEZE	SURF		50	0	2,688
SQUEEZE	SURF		95	0	2,688
SQUEEZE	SURF		40	0	2,688
SQUEEZE	SURF		40	0	2,688
SQUEEZE	SURF		47	0	2,688

Details of work:

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	4,587	4,756	☐	☐	
FORT UNION	4,756	6,164	☐	☐	
MESAVERDE	6,164	6,329	☐	☐	
WILLIAMS FORK	6,329	8,649	☐	☐	
CAMEO	8,649	9,023	☐	☐	
ROLLINS	9,023		☐	☐	

Comment:

Final Form 5 to add squeeze cement jobs.

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

The subreport 'subreport3' could not be found at the specified location W:\Inetpub\Net\Reports\AttachListNew.rdlc. Please

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)