

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:
1715724

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: 66561
2. Name of Operator: OXY USA INC
3. Address: PO BOX 27757
City: HOUSTON State: TX Zip: 77227
4. Contact Name: JOAN PROULX
Phone: (713) 366-5654
Fax: (713) 985-1479

5. API Number 05-077-09591-00
6. County: MESA
7. Well Name: GIPP Well Number: 18-13A
8. Location: QtrQtr: NWSW Section: 18 Township: 9S Range: 93W Meridian: 6
Footage at surface: Distance: 1943 feet Direction: FSL Distance: 838 feet Direction: FWL
As Drilled Latitude: 39.275240 As Drilled Longitude: -107.817560

GPS Data:

Date of Measurement: 02/02/2009 PDOP Reading: 1.5 GPS Instrument Operator's Name: MATT BUSKER

** If directional footage at Top of Prod. Zone Dist.: 1190 feet. Direction: FSL Dist.: 650 feet. Direction: FWL

Sec: 18 Twp: 9S Rng: 93W

** If directional footage at Bottom Hole Dist.: 1175 feet. Direction: FSL Dist.: 647 feet. Direction: FWL

Sec: 18 Twp: 9S Rng: 93W

9. Field Name: BRUSH CREEK 10. Field Number: 7562
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/14/2008 13. Date TD: 12/04/1998 14. Date Casing Set or D&A: 12/06/2008

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7600 TVD** 7538 17 Plug Back Total Depth MD 7544 TVD** 7482

18. Elevations GR 7196 KB 7225
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:

HIGH DEFINITION IND LOG, COMP Z-DENSILOG, COMP NEUTRON LOG, GR,CALIPER LOG, BOREHOLE PROFILE

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	24	16		0	70	4	0	70	
SURF	12+1/4	8+5/8		0	1,542	220	0	1,542	
1ST	7+7/8	4+1/2		0	7,585	695	1,100	7,585	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
WILLIAMS FORK	4,454	7,018	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,018	7,378	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,378		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y _____ Print Name: JOAN PROULX _____

Title: REGULATORY Date: 6/22/2009 Email: JOAN.PROULX@OXY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)