

**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:

400223221

**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 05-045-20580-00

6. County: GARFIELD

7. Well Name: Cascade Creek

Well Number: 697-16-29A

8. Location: QtrQtr: SENW Section: 16 Township: 6S Range: 97W Meridian: 6

Footage at surface: Distance: 2590 feet Direction: FNL Distance: 2480 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.: 2449 feet. Direction: FNL Dist.: 2375 feet. Direction: FEL

Sec: 16 Twp: 6S Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 2449 feet. Direction: FNL Dist.: 2375 feet. Direction: FEL

Sec: 16 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) 08/09/2011 13. Date TD: 10/07/2011 14. Date Casing Set or D&amp;A: 10/08/2011

## 15. Well Classification:

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

16. Total Depth MD 13802 TVD\*\* 13741 17 Plug Back Total Depth MD 13737 TVD\*\* 13676

18. Elevations GR 8312 KB 8327

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:

Micro-Electrical Scanner Tool/Field Print  
CBL/CBL-VDL/GR-CCL  
RST/Inelastic Capture/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   | 26+0/0       | 16+0/0         | 65    | 0             | 90            | 4         | 0       | 90      | CALC   |
| SURF        | 14+3/4       | 9+5/8          | 36    | 0             | 2,684         | 1,210     | 0       | 2,684   | CALC   |
| 1ST         | 6+0/0        | 4+1/2          | 13.5  | 0             | 13,800        | 336       | 8,500   | 13,800  | CBL    |
| 2ND         | 9+1/2        | 7+0/0          | 26    | 0             | 9,350         | 1,364     | 0       | 9,350   | VISU   |

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/11/2011

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
|             | SURF   |                                   | 180           | 0          | 2,684         |
|             | SURF   |                                   | 100           | 0          | 2,684         |
|             | SURF   |                                   | 60            | 0          | 2,684         |
|             | SURF   |                                   | 60            | 0          | 2,684         |

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      | 4,309          | 4,490  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT UNION     | 4,490          | 5,696  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| MESAVERDE      | 5,696          | 5,886  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| WILLIAMS FORK  | 5,886          | 8,161  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CAMEO          | 8,161          | 8,554  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ROLLINS        | 8,554          | 9,002  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CORCORAN       | 9,002          | 9,171  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| MANCOS         | 9,171          | 12,125 | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 12,125         | 13,660 | <input type="checkbox"/> | <input type="checkbox"/> |   |
| DAKOTA         | 13,660         |        | <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: 11/11/2011

Email: joan\_proulx@oxy.com

### Attachment Check List

| Att Doc Num                 | Document Name          | attached ?  |
|-----------------------------|------------------------|---|
| <b>Attachment Checklist</b> |                        |   |
| 400223247                   | CMT Summary *          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|                             | Core Analysis          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400223246                   | 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"/> |
| <b>Other Attachments</b>    |                        |   |
| 400223221                   | FORM 5 SUBMITTED       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400223230                   | LAS-PULSED NEUTRON     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400223232                   | LAS-CEMENT BOND        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400223237                   | LAS-MUD                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400223239                   | LAS-MUD                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400223240                   | LAS-MUD                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400223241                   | LAS-MUD                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400223242                   | LAS-ELECTRONIC         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400223244                   | LAS-MICROLOG           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400223245                   | LAS-MICROLOG           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400223249                   | LAS-CEMENT BOND        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400223250                   | LAS-SONIC              | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400223251                   | LAS-SONIC              | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400223252                   | LAS-SONIC              | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400223253                   | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400223254                   | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400223255                   | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

### General Comments

| <u>User Group</u> | <u>Comment</u>   | <u>Comment Date</u>      |
|-------------------|--|--------------------------|
| Permit            | R.E OK'D BHL, SEE PRELIM DOC#400218075. REQ MWD/FMI LOGS | 11/14/2011<br>9:26:41 AM |

Total: 1 comment(s)