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Document Number:
 400239148

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 05-045-10856-00 6. County: GARFIELD
 7. Well Name: CASCADE CREEK Well Number: 603-23-32
 8. Location: QtrQtr: NESW Section: 3 Township: 6S Range: 97W Meridian: 6
 Footage at surface: Distance: 1381 feet Direction: FSL Distance: 1437 feet Direction: FWL
 As Drilled Latitude: 39.548490 As Drilled Longitude: -108.209740

GPS Data:
 Date of Measurement: 11/02/2004 PDOP Reading: 0.0 GPS Instrument Operator's Name: L Pence

** If directional footage at Top of Prod. Zone Dist.: 1381 feet. Direction: FSL Dist.: 1437 feet. Direction: FWL
 Sec: 3 Twp: 6S Rng: 97W
 ** If directional footage at Bottom Hole Dist.: 1381 feet. Direction: FSL Dist.: 1437 feet. Direction: FWL
 Sec: 3 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) 09/28/2005 13. Date TD: 10/20/2005 14. Date Casing Set or D&A: 10/20/2005

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

16. Total Depth MD 9450 TVD** 9450 17 Plug Back Total Depth MD 9394 TVD** 9394

18. Elevations GR 8617 KB 8635 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:

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+0/0	16+0/0	65	0	75	4	0	75	
SURF	12+1/4	9+5/8	36	0	2,709	1,161	0	2,709	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/09/2005

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF		142	0	2,709
1 INCH	SURF		102	0	2,709

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This is a Form 5 to correct the original Form 5 dated 11/23/2005 which was missing information and contained incorrect information.

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

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)