

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:
400245884

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: <u>66571</u>	4. Contact Name: <u>Joan Proulx</u>
2. Name of Operator: <u>OXY USA WTP LP</u>	Phone: <u>(970) 263.3641</u>
3. Address: <u>P O BOX 27757</u>	Fax: <u>(970) 263.3694</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227</u>	

5. API Number <u>05-045-20057-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>Cascade Creek</u>	Well Number: <u>697-08-33B</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>8</u> Township: <u>6S</u> Range: <u>97W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1387</u> feet Direction: <u>FSL</u>	Distance: <u>2164</u> feet Direction: <u>FEL</u>
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.: 2112 feet. Direction: FSL Dist.: 498 feet. Direction: FWL
Sec: 8 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 2188 feet. Direction: FSL Dist.: 224 feet. Direction: FWL
Sec: 8 Twp: 6S Rng: 97W

9. Field Name: <u>GRAND VALLEY</u>	10. Field Number: <u>31290</u>
11. Federal, Indian or State Lease Number: _____	

12. Spud Date: (when the 1st bit hit the dirt) <u>08/31/2011</u>	13. Date TD: <u>10/15/2011</u>	14. Date Casing Set or D&A: <u>10/16/2011</u>
--	--------------------------------	---

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD <u>9412</u> TVD** <u>8762</u>	17 Plug Back Total Depth MD <u>9356</u> TVD** <u>8706</u>
--	---

18. Elevations GR <u>8379</u> KB <u>8409</u>	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 Mode/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	20+0/0	16+0/0	65	0	152	4	0	152	CALC
SURF	14+3/4	9+5/8	36	0	2,726	1,217	0	2,726	CALC
1ST	8+3/4	4+1/2	11.6	0	9,382	1,850	2,420	9,382	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/02/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		28	0	2,726
	SURF		148	0	2,726
	SURF		149	0	2,726
	SURF		80	0	2,726

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	
FORT UNION	4,928	6,323	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,323	6,558	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,558	8,672	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,672	9,048	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,048		<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: _____ Email: joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	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)