

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:
2609418

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
2. Name of Operator: OXY USA WTP LP
3. Address: P O BOX 27757
City: HOUSTON State: TX Zip: 77227
4. Contact Name: JOAN PROULX
Phone: (713) 215-7000
Fax: (713) 215-7545

5. API Number 05-045-15357-00
6. County: GARFIELD
7. Well Name: CC
Well Number: 697-16-52B
8. Location: QtrQtr: SWSE Section: 16 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 446 feet Direction: FSL Distance: 2060 feet Direction: FEL
As Drilled Latitude: 39.516968 As Drilled Longitude: -108.222756

GPS Data:
Date of Measurement: 12/19/2009 PDOP Reading: 4.9 GPS Instrument Operator's Name: SCOTT VERNON

** If directional footage at Top of Prod. Zone Dist.: 692 feet. Direction: FSL Dist.: 2517 feet. Direction: FWL
Sec: 16 Twp: 6S Rng: 97W
** If directional footage at Bottom Hole Dist.: 647 feet. Direction: FSL Dist.: 2484 feet. Direction: FWL
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) 03/04/2008 13. Date TD: 03/09/2008 14. Date Casing Set or D&A: 03/15/2008

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

16. Total Depth MD 7460 TVD** 7392 17 Plug Back Total Depth MD 7379 TVD** 7311

18. Elevations GR 7005 KB 7023
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-VDL, GAMMA RAY-CCL, PROCESSED DATA SSLT-B, RST, INELASTIC CAPTURE, RST SIGMA MODE

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	98		0	98	CALC
SURF	12+1/4	9+5/8		0	987	350	0	987	CALC
1ST	7+7/8	4+1/2		0	7,424	1,210	3,060	7,424	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	
MESAVERDE	4,373	4,550	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,550	6,777	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,777	7,204	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,204		<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 ADMIN. ASST. Date: 11/6/2009 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"/>
2070089	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
2609418	DRILLING COMPLETION REPORT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	APPROVED AS PART OF OLD FORM 5A CLEANUP. FORM 5#2609418. FOUND COMPLETE WELL FILE. SUBMITTED FOR PRIORITY SCANNING. INCLUDES D.S. #2070089, SURF. CMT. SUMM. #2537458, FORM 5A #2609419 AND FORM 10 #2609420.	8/23/2011 1:53:00 PM

Total: 1 comment(s)