

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:  
400212897

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: (970) 263.3641  
Fax: (970) 263.3694

5. API Number 05-045-13991-00  
6. County: GARFIELD  
7. Well Name: CASCADE CREEK  
Well Number: 697-16-07  
8. Location: QtrQtr: NENE Section: 16 Township: 6S Range: 97W Meridian: 6  
Footage at surface: Distance: 1112 feet Direction: FNL Distance: 380 feet Direction: FEL  
As Drilled Latitude: 39.527081 As Drilled Longitude: -108.216583

GPS Data:  
Date of Measurement: 09/14/2009 PDOP Reading: 1.8 GPS Instrument Operator's Name: B Rollins

\*\* If directional footage at Top of Prod. Zone Dist.: 387 feet. Direction: FNL Dist.: 1651 feet. Direction: FEL  
Sec: 16 Twp: 6S Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 325 feet. Direction: FNL Dist.: 1396 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) 05/30/2007 13. Date TD: 08/24/2007 14. Date Casing Set or D&A: 08/26/2007

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

16. Total Depth MD 8971 TVD\*\* 8851 17 Plug Back Total Depth MD 8806 TVD\*\* 8686

18. Elevations GR 8269 KB 8293  
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/GR-CCL  
Temp  
RMTE

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	80	4	0	80	CALC
SURF	14+3/4	9+5/8	36	0	2,550	1,430	0	2,550	CALC
1ST	6+1/4	4+1/2	11.6	0	8,848	310	7,240	8,848	CBL
1ST LINER	8+3/4	7+0/0		2550	5,815	475	2,319	5,815	CALC

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/01/2008

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	SURF	7,450	220	7,240	7,450
SQUEEZE	SURF	7,440	350	7,240	7,440
SQUEEZE	SURF	7,430	350	7,240	7,430

Details of work:

The Form 5 dated 11/24/2009 contained an incorrect top of cement for the production casing (7,460'); the correct figure is 7,634'. Three squeeze jobs were performed in an attempt to raise cement above 7302' (200' above proposed top perf at 7502"):  
 Squeeze #1 on 7/1/2008, 220 sxs, through retainer at 7450', pressure test held at 650 psi  
 Squeeze #2 on 7/12/2008, 350 sxs, through retainer at 7440', pressure test held at 600 psi  
 Squeeze #3 on 7/18/2008, 350 sxs, through retainer at 7430', pressure test held at 600 psi  
 9/7/2008: 50 sxs plug set at 7516'  
 9/10/2008: pressure tested squeeze holes at 7500' to 5,000 psi and held OK

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	4,263	4,482	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,482	5,782	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,782	5,974	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	5,974	8,224	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,224	8,693	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,693		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This Form 5 will correct the information contained on the Form 5 originated 11/24/2009, and the information on the Form 4 Sundry Notice originated 11/24/2009.

After the three squeezes were performed in July, 2008, a CBL was run on 7/28/2008 from 7690' - 7000'. The CBL vendor is attempting to locate an LAS version of the CBL; I will upload that LAS CBL to the COGCC upon receipt.

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: 10/10/2011 Email: joan\_proulx@oxy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2072710	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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"/>
<u>Other Attachments</u>			
400212897	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)