

**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:

400258809

Date Received:

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 05-045-20728-01

6. County: GARFIELD

7. Well Name: Cascade Creek

Well Number: 697-04-82

8. Location: QtrQtr: NWSW Section: 4 Township: 6S Range: 97W Meridian: 6

Footage at surface: Distance: 1469 feet Direction: FSL Distance: 1099 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.: 147 feet. Direction: FSL Dist.: 982 feet. Direction: FWL

Sec: 4 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 313 feet. Direction: FSL Dist.: 867 feet. Direction: FWL

Sec: 4 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) 12/24/2011 13. Date TD: 01/30/2012 14. Date Casing Set or D&A: 01/31/2012

15. Well Classification:

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

16. Total Depth MD 9453 TVD** 9260 17 Plug Back Total Depth MD 9354 TVD** 9138

18. Elevations GR 8631 KB 8663

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/Sigma Mode/GR-CCL
RST/Inelastic Capture/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	83	4	0	83	CALC
SURF	14+3/4	9+5/8	36	0	2,322	1,240	0	2,322	CALC
1ST	8+3/4	4+1/2	11.6	0	9,423	1,865		9,423	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/26/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		142	0	2,322
	SURF		215	0	2,322
	SURF		256	0	2,322
	SURF		138	0	2,322
	SURF		30	0	2,322

Details of work:

Sidetrack plugs:

1/22/2012 100' plug set at 4,830' with 75 sxs

1/27/2012: KOP plug set at 3,456' with 250 sxs

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:

UNPLANNED SIDETRACK: While running the 4.5" production casing a restriction was encountered at 5,200'. The production casing was laid down and three clean-up trips were attempted but were unsuccessful. During the final clean-up trip a DHM failure resulted in the loss of a bit and stator, which were left in the hole. The actual KOP was 3,132'.

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>			
400258874	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400258872	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"/>
<u>Other Attachments</u>			
400258831	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400258837	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400258856	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400258859	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400258884	DIRECTIONAL DATA	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)