

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



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Document Number:  
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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  
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 05-045-20377-00  
6. County: GARFIELD  
7. Well Name: Cascade Creek Well Number: 697-05-47A  
8. Location: QtrQtr: Lot 14 Section: 5 Township: 6S Range: 97W Meridian: 6  
Footage at surface: Distance: 3007 feet Direction: FNL Distance: 2298 feet Direction: FEL  
As Drilled Latitude: As Drilled Longitude:

GPS Data:  
Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* If directional footage at Top of Prod. Zone Dist.: 3467 feet. Direction: FNL Dist.: 1226 feet. Direction: FEL  
Sec: 5 Twp: 6S Rng: 97W  
\*\* If directional footage at Bottom Hole Dist.: 3519 feet. Direction: FNL Dist.: 1288 feet. Direction: FEL  
Sec: 5 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) 11/03/2011 13. Date TD: 12/24/2011 14. Date Casing Set or D&A: 12/25/2011

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

16. Total Depth MD 9095 TVD\*\* 8968 17 Plug Back Total Depth MD 9039 TVD\*\* 8912

18. Elevations GR 8423 KB 8453  
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	90	4	0	90	CALC
SURF	14+3/4	9+5/8	36	0	2,689	1,210	0	2,689	CALC
1ST	8+3/4	4+1/2	11.6	0	9,134	1,760	2,290	9,134	CBL

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/05/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		18	0	2,689
	SURF		28	0	2,689
	SURF		4	0	2,689

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	4,672	6,070	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,070	6,247	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,247	8,483	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,483	8,865	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,865		<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 ?	
<b>Attachment Checklist</b>			
	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

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

Total: 0 comment(s)