

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:
400260574

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 05-045-20369-00
6. County: GARFIELD
7. Well Name: Cascade Creek
Well Number: 697-05-20A
8. Location: QtrQtr: Lot 14 Section: 5 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 2989 feet Direction: FNL Distance: 2296 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.: 1488 feet. Direction: FNL Dist.: 2094 feet. Direction: FWL
Sec: 5 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole
Dist.: 1544 feet. Direction: FNL Dist.: 2031 feet. Direction: FWL
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) 10/20/2011
13. Date TD: 12/06/2011
14. Date Casing Set or D&A: 12/07/2011

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

16. Total Depth MD 9315 TVD** 9019
17 Plug Back Total Depth MD 9259 TVD** 8963

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:
Repeat Pass SCMT/RST/HBMS
IC/Pass SCMT/RST/HBMS
Main Pass SCMT/RST/HBMS
LDM

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	94	4	0	94	CALC
SURF	14+3/4	9+5/8	36	0	2,695	1,246	0	2,695	CALC
1ST	8+3/4	4+1/2	11.6	0	9,294	1,789	2,400	9,294	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		142	0	2,695
	SURF		142	0	2,695
	SURF		142	0	2,695
	SURF		33	0	2,695

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	4,757	6,193	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,193	6,391	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,391	8,637	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,637	9,026	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,026		<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"/>
<u>Other Attachments</u>			
400260592	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)