

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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| DE | ET | OE | ES |
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Document Number:

400259281

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 05-045-20372-00 6. County: GARFIELD
 7. Well Name: Cascade Creek Well Number: 697-05-38A
 8. Location: QtrQtr: Lot 14 Section: 5 Township: 6S Range: 97W Meridian: 6
 Footage at surface: Distance: 2995 feet Direction: FNL Distance: 2289 feet Direction: FEL
 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.: 2854 feet. Direction: FNL Dist.: 1416 feet. Direction: FEL
Sec: 5 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 2902 feet. Direction: FNL Dist.: 1512 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) 11/07/2011 13. Date TD: 11/21/2011 14. Date Casing Set or D&A: 11/22/2011

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

16. Total Depth MD 9138 TVD** 9063 17 Plug Back Total Depth MD 9082 TVD** 9007

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/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 | 2,688 | 1,210 | 0 | 2,688 | CALC |
| 1ST | 8+3/4 | 4+1/2 | 11.6 | 0 | 9,117 | 1,753 | 2,480 | 9,117 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/08/2011

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | SURF | | 143 | 0 | 2,688 |
| | SURF | | 72 | 0 | 2,688 |
| | SURF | | 119 | 0 | 2,688 |
| | SURF | | 27 | 0 | 2,688 |

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 | 4,633 | 6,024 | <input type="checkbox"/> | <input type="checkbox"/> | |
| MESAVERDE | 6,024 | 6,200 | <input type="checkbox"/> | <input type="checkbox"/> | |
| WILLIAMS FORK | 6,200 | 8,437 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 8,437 | 8,823 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 8,823 | | <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> | | | |
| 400263922 | 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)