

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400286349

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 05-045-20711-00 6. County: GARFIELD
 7. Well Name: Cascade Creek Well Number: 697-04-59C
 8. Location: QtrQtr: NWSW Section: 4 Township: 6S Range: 97W Meridian: 6
 Footage at surface: Distance: 1522 feet Direction: FSL Distance: 1152 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.: 1941 feet. Direction: FSL Dist.: 1834 feet. Direction: FWL
 Sec: 4 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1910 feet. Direction: FSL Dist.: 1789 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) 04/02/2012 13. Date TD: 04/16/2012 14. Date Casing Set or D&A: 04/18/2012

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

16. Total Depth MD 9453 TVD** 9335 17 Plug Back Total Depth MD 9397 TVD** 9279

18. Elevations GR 8629 KB 8659 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:
 Array Induction Shallow Focused Electric Log
 Compensated Photo Density/Compensated Dual Neutron Log
 Hole Volume Caliper Log

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	77	4	0	77	
SURF	14+3/4	9+5/8	36	0	2,770	1,360	0	2,770	
1ST	8+3/4	4+1/2	11.6	0	9,423	1,815		9,423	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/04/2012

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		166	0	2,770
	SURF		166	0	2,770
	SURF		196	0	2,770
	SURF		166	0	2,770
	SURF		159	0	2,770
	SURF		112	0	2,770

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Preliminary 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>			
400286354	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400286356	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400286357	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)