

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:

400245884

Date Received:

01/26/2012

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 05-045-20057-00 6. County: GARFIELD
 7. Well Name: Cascade Creek Well Number: 697-08-33B
 8. Location: QtrQtr: NWSE Section: 8 Township: 6S Range: 97W Meridian: 6
 Footage at surface: Distance: 1387 feet Direction: FSL Distance: 2164 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.: 2129 feet. Direction: FSL Dist.: 453 feet. Direction: FWL
Sec: 8 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 2148 feet. Direction: FSL Dist.: 228 feet. Direction: FWL
Sec: 8 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) 08/31/2011 13. Date TD: 10/15/2011 14. Date Casing Set or D&A: 10/16/2011

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

16. Total Depth MD 9412 TVD** 8762 17 Plug Back Total Depth MD 9356 TVD** 8706

18. Elevations GR 8379 KB 8409 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	152	4	0	152	CALC
SURF	14+3/4	9+5/8	36	0	2,726	1,217	0	2,726	CALC
1ST	8+3/4	4+1/2	11.6	0	9,382	1,850	2,420	9,382	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/02/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		405	0	2,726

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	4,928	6,323	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,323	6,558	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,558	8,672	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,672	9,048	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,048		<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: 1/26/2012 Email: joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	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"/>
Other Attachments			
400245884	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Off Hold. Recieved As Drilled GPS on a form 4.	6/14/2012 8:25:30 AM
Permit	on hold pending receipt of as drilled GPS; oper. to submit once all wells on pad drilled. surf. cmt. tkt. and final DS in well file. corrected PZ and BHL footages per oper.'s email.	2/27/2012 1:27:25 PM
Permit	Waiting on corrected footages Missing attachments	2/9/2012 4:43:31 PM

Total: 3 comment(s)