

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



DE ET OE ES

Document Number:

1665946

Date Received:

11/30/2009

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: (713) 215-7000

3. Address: P O BOX 27757

Fax: (713) 215-7545

City: HOUSTON State: TX Zip: 77227

5. API Number 05-045-13990-00

6. County: GARFIELD

7. Well Name: CASCADE CREEK

Well Number: 697-16-15A

8. Location: QtrQtr: NENE Section: 16 Township: 6S Range: 97W Meridian: 6

Footage at surface: Distance: 1118 feet Direction: FNL Distance: 380 feet Direction: FEL

As Drilled Latitude: 39.527056 As Drilled Longitude: -108.216586

GPS Data:

Date of Measurement: 09/14/2009 PDOP Reading: 2.1 GPS Instrument Operator's Name: BLAIR ROLLINS

\*\* If directional footage at Top of Prod. Zone Dist.: 660 feet. Direction: FNL Dist.: 1253 feet. Direction: FEL

Sec: 16 Twp: 6S Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 643 feet. Direction: FNL Dist.: 1362 feet. Direction: FEL

Sec: 16 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) 06/05/2007 13. Date TD: 08/31/2007 14. Date Casing Set or D&A: 09/01/2007

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8910 TVD\*\* 8833 17 Plug Back Total Depth MD 8854 TVD\*\* 8777

18. Elevations GR 8269 KB 8293

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, TEMP, RMTE

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	22	16		0	105			105	CALC
SURF	14+3/4	9+5/8		0	2,516	1,390		2,516	CALC
1ST	6+1/4	4+1/2		0	8,910		6,800	8,910	CBL
1ST LINER	8+3/8	7		2288	5,729	462	2,288	5,729	CALC

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST		530	7,722	7,724
SQUEEZE	1ST		350	7,100	7,101
SQUEEZE	1ST		50	7,053	7,053
SQUEEZE	1ST		315	7,220	7,220

Details of work:

21. Formation log intervals and test zones:

<u>FORMATION LOG INTERVALS AND TEST ZONES</u>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WASATCH	4,251	4,473	<input type="checkbox"/>	<input type="checkbox"/>	CEMENTED 4.5' CASING WITH 10 BBLS FRESH
FORT UNION	4,473	5,753	<input type="checkbox"/>	<input type="checkbox"/>	WATER SPACER, 20 BBLS SUPERFLUSH, 10 BBS
MESAVERDE	5,753	5,922	<input type="checkbox"/>	<input type="checkbox"/>	FRESH WATER SPACER, 82.6 BBLS ;MESA PREMIUM
WILLIAMS FORK	5,922	8,106	<input type="checkbox"/>	<input type="checkbox"/>	LIGHT' CEMENT MIXED AT 13.1 PPG W/ 1.45 YEILD
CAMEO	8,106		<input type="checkbox"/>	<input type="checkbox"/>	AND 6.41 GALS/SX. DISPLACED CEMENT WITH

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y \_\_\_\_\_ Print Name: JOAN PROULX \_\_\_\_\_

Title: REGULATORY ADMIN. ASST. Date: 11/24/2009 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"/>
2070224	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"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)