



DE	ET	OE	ES
----	----	----	----

Document Number:
400287614

Date Received:
05/22/2012

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 05-045-20716-00 6. County: GARFIELD
 7. Well Name: Cascade Creek Well Number: 697-04-57A
 8. Location: QtrQtr: NWSW Section: 4 Township: 6S Range: 97W Meridian: 6
 Footage at surface: Distance: 1510 feet Direction: FSL Distance: 1131 feet Direction: FWL
 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.: 2364 feet. Direction: FSL Dist.: 337 feet. Direction: FWL
 Sec: 4 Twp: 6S Rng: 97W
 ** If directional footage at Bottom Hole Dist.: 2313 feet. Direction: FSL Dist.: 298 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) 03/24/2012 13. Date TD: 05/05/2012 14. Date Casing Set or D&A: 05/06/2012

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

16. Total Depth MD 9427 TVD** 9255 17 Plug Back Total Depth MD 9371 TVD** 9199

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:

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	CALC
SURF	14+3/4	9+5/8	36	0	2,811	1,360	0	2,811	CALC
1ST	8+3/4	4+1/2	11.6	0	9,397	1,800		9,397	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/26/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF		92	0	2,811

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: 5/22/2012 Email: joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400287618	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400287616	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>			
400287614	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400287620	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)