

**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:

400312993

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 05-045-20716-00

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: 39.548840 As Drilled Longitude: -108.230140

GPS Data:

Date of Measurement: 11/17/2011 PDOP Reading: 1.1 GPS Instrument Operator's Name: S Bonner

** If directional footage at Top of Prod. Zone Dist.: 2388 feet. Direction: FSL Dist.: 358 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:

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	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	2,710	9,397	CBL

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	
FORT UNION	4,984	6,375	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,375	9,559	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,559	8,800	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,800	9,198	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,198		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Subsequent Form 5.
As built data was taken at the conductor.

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"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)