

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:

400313037

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 05-045-20722-00 6. County: GARFIELD
 7. Well Name: Cascade Creek Well Number: 697-04-65A
 8. Location: QtrQtr: NWSW Section: 4 Township: 6S Range: 97W Meridian: 6
 Footage at surface: Distance: 1498 feet Direction: FSL Distance: 1122 feet Direction: FWL
 As Drilled Latitude: 39.548810 As Drilled Longitude: -108.230180

GPS Data:
Data 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.: 1734 feet. Direction: FSL Dist.: 551 feet. Direction: FWL
Sec: 4 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1726 feet. Direction: FSL Dist.: 460 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) 03/02/2012 13. Date TD: 03/18/2012 14. Date Casing Set or D&A: 03/19/2012

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

16. Total Depth MD 9297 TVD** 9233 17 Plug Back Total Depth MD 9241 TVD** 9177

18. Elevations GR 8631 KB 8663 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 | 75 | 4 | 0 | 75 | CALC |
| SURF | 14+3/4 | 9+5/8 | 36 | 0 | 2,745 | 1,250 | 0 | 2,745 | CALC |
| 1ST | 8+3/4 | 4+1/2 | 11.6 | 0 | 9,267 | 1,757 | 2,170 | 9,267 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/04/2012

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | SURF | | 86 | 0 | 2,745 |
| | SURF | | 150 | 0 | 2,745 |
| | SURF | | 128 | 0 | 2,745 |
| | SURF | | 80 | 0 | 2,745 |

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 | 4,890 | 6,284 | <input type="checkbox"/> | <input type="checkbox"/> | |
| MESAVERDE | 6,284 | 6,459 | <input type="checkbox"/> | <input type="checkbox"/> | |
| WILLIAMS FORK | 6,459 | 8,675 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 8,675 | 9,084 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 9,084 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

Subsequent Form 5.
As-built data obtained 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

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| | | |

Total: 0 comment(s)