FORM 5			DE	ET	OE	ES

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

DRILLING COMPLETION REPORT

Document Number:

400329580

Date Received:

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

2. Name of Operator: OXY USA WTP LP

3. Address: P O BOX 27757

City: HOUSTON   State: TX   Zip: 77227

4. Contact Name: Joan Proulx

Phone: (970) 263-3641

Fax: (970) 263-3694

5. API Number   05-045-20957-00

6. County: GARFIELD

7. Well Name: Cascade Creek   Well Number: 697-05-59

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

Footage at surface: Distance: 341 feet Direction: FNL   Distance: 1805 feet Direction: FWL

As Drilled Latitude: 39.543750   As Drilled Longitude: -108.246450

GPS Data:

Data of Measurement: 09/21/2012   PDOP Reading: 1.5   GPS Instrument Operator's Name: M White

** If directional footage at Top of Prod. Zone   Dist.: 1720 feet. Direction: FSL   Dist.: 1678 feet. Direction: FWL

Sec: 5   Twp: 6S   Rng: 97W

** If directional footage at Bottom Hole   Dist.: 1730 feet. Direction: FSL   Dist.: 1624 feet. Direction: FWL

Sec: 5   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) 04/30/2012 13. Date TD: 06/16/2012 14. Date Casing Set or D&A: 06/17/2012

15. Well Classification:

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

16. Total Depth   MD   9246   TVD** 8812   17 Plug Back Total Depth   MD   9190   TVD**   8756

18. Elevations   GR   8401   KB   8431 | 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:

Slim Cement Mapping Tool/CBL-VDL/GR-CCL
RST/IC 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	90	4	0	90	CALC
SURF	14+3/4	9+5/8	36	0	2,725	1,370	0	2,725	CALC
1ST	8+3/4	4+1/2	11.6	0	9,225	1,719	2,000	9,225	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/01/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF		88	0	2,725

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	4,847	6,193	☐	☐	
MESAVERDE	6,193	6,392	☐	☐	
WILLIAMS FORK	6,392	8,610	☐	☐	
CAMEO	8,610	9,006	☐	☐	
ROLLINS	9,006		☐	☐	

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: _____   Email: joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?
	Attachment Checklist	
	CMT Summary *	Yes ☐ No ☒
	Core Analysis	Yes ☐ No ☒
	Directional Survey **	Yes ☐ No ☒
	DST Analysis	Yes ☐ No ☒
	Logs	Yes ☐ No ☒
	Other	Yes ☐ No ☒

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)