

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:
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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
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 05-045-20964-00
6. County: GARFIELD
7. Well Name: Cascade Creek
Well Number: 697-05-74B
8. Location: QtrQtr: NENW Section: 8 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 358 feet Direction: FNL Distance: 1801 feet Direction: FWL
As Drilled Latitude: 39.543710 As Drilled Longitude: -108.246460

GPS Data:

Data of Measurement: 09/04/2012 PDOP Reading: 2.7 GPS Instrument Operator's Name: B Humphrey

** If directional footage at Top of Prod. Zone Dist.: 181 feet. Direction: FNL Dist.: 199 feet. Direction: FWL
Sec: 8 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 195 feet. Direction: FNL Dist.: 178 feet. Direction: FWL
Sec: 8 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) 04/22/2012 13. Date TD: 06/01/2012 14. Date Casing Set or D&A: 06/02/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8975 TVD** 8713 17 Plug Back Total Depth MD 8919 TVD** 8657

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:

CBL/CBL-VDL/GR-CCL
RST/Sigma Mode/GR-CCL
RST/Inelastic Capture/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	80	4	0	80	CALC
SURF	14+3/4	9+5/8	36	0	2,719	1,320	0	2,719	CALC
1ST	8+3/4	4+1/2	11.6	0	8,955	1,632	2,370	8,955	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/23/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF		94	0	2,719

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	4,621	5,961	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,961	6,158	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,158	8,348	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,348	8,721	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,721		<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 ?
Attachment Checklist		
	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)