FORM 5	**State of Colorado**		DE	ET	OE	ES

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

FORM 5 — Rev 02/08

DRILLING COMPLETION REPORT

DE	ET	OE	ES

Document Number:

400347293

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 05-045-20959-00
6. County: GARFIELD
7. Well Name: Cascade Creek   Well Number: 697-05-76B
8. Location: QtrQtr: NENW   Section: 8   Township: 6S   Range: 97W   Meridian: 6
   Footage at surface: Distance: 375 feet Direction: FNL   Distance: 1819 feet Direction: FWL
   As Drilled Latitude: 39.543660   As Drilled Longitude: -108.246400

GPS Data:

Data of Measurement: 09/04/2012   PDOP Reading: 2.2   GPS Instrument Operator's Name: B Humphrey

** If directional footage at Top of Prod. Zone   Dist.: 164 feet. Direction: FSL   Dist.: 2153 feet. Direction: FWL
Sec: 5   Twp: 6S   Rng: 97W

** If directional footage at Bottom Hole   Dist.: 126 feet. Direction: FSL   Dist.: 2116 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) 05/06/2012   13. Date TD: 05/10/2012   14. Date Casing Set or D&A: 05/11/2012

15. Well Classification:

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

16. Total Depth MD 8870   TVD** 8787   17 Plug Back Total Depth MD 8814   TVD** 8731

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/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	73	4	0	73	CALC
SURF	14+3/4	9+5/8	36	0	2,702	1,320	0	2,702	CALC
1ST	8+3/4	4+1/2	11.6	0	8,850	1,620	1,990	8,850	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/08/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF		39	0	2,702
	SURF		9	0	2,702

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	4,513	5,854	☐	☐	
MESAVERDE	5,854	6,078	☐	☐	
WILLIAMS FORK	6,078	8,187	☐	☐	
CAMEO	8,187	8,602	☐	☐	
ROLLINS	8,602		☐	☐	

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 ☐	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)