

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:

400345789

Date Received:

11/12/2012

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 05-045-21442-00 6. County: GARFIELD
 7. Well Name: Shell Well Number: 797-03-13A
 8. Location: QtrQtr: TCT 71 Section: 3 Township: 7S Range: 97W Meridian: 6
 Footage at surface: Distance: 794 feet Direction: FNL Distance: 1523 feet Direction: FEL
 As Drilled Latitude: 39.479580 As Drilled Longitude: -108.202110

GPS Data:
Date of Measurement: 04/26/2012 PDOP Reading: 3.0 GPS Instrument Operator's Name: B Baker

** If directional footage at Top of Prod. Zone Dist.: 1257 feet. Direction: FNL Dist.: 2417 feet. Direction: FEL
Sec: 3 Twp: 7S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1267 feet. Direction: FNL Dist.: 2446 feet. Direction: FEL
Sec: 3 Twp: 7S 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) 05/24/2012 13. Date TD: 05/28/2012 14. Date Casing Set or D&A: 05/29/2012

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

16. Total Depth MD 6983 TVD** 6830 17 Plug Back Total Depth MD 6927 TVD** 6774

18. Elevations GR 6485 KB 6515 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/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	77	4	0	77	CALC
SURF	12+1/4	9+5/8	36	0	1,039	284	0	1,039	CALC
1ST	8+3/4	4+1/2	11.6	0	6,952	1,645	875	6,952	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

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	2,698	3,946	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	3,946	4,184	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,184	6,348	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,348	6,693	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,693		<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: 11/12/2012 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"/>
<u>Other Attachments</u>			
400345789	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Requested digital logs (except CBL which was submitted)	12/11/2012 11:27:43 AM

Total: 1 comment(s)