

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



DE	ET	OE	ES
Document Number: 400357832			
Date Received: 12/13/2012			

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 05-045-20963-00	6. County: GARFIELD
7. Well Name: Cascade Creek	Well Number: 697-08-04A
8. Location: QtrQtr: NENW Section: 8 Township: 6S Range: 97W Meridian: 6	
Footage at surface: Distance: 382 feet Direction: FNL	Distance: 1821 feet Direction: FWL
As Drilled Latitude: 39.543640	As Drilled Longitude: -108.246390
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.: 153 feet. Direction: FNL
Sec: 8	Twp: 6S Rng: 97W
** If directional footage at Bottom Hole	Dist.: 177 feet. Direction: FNL
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) 03/11/2012	13. Date TD: 03/15/2012	14. Date Casing Set or D&A: 03/15/2012
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15. Well Classification:
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation

16. Total Depth MD 8837 TVD** 8777	17 Plug Back Total Depth MD 8781 TVD** 8721
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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.
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19. List Electric Logs Run:
CBL/CBL-VDL/GR-CCL RST/Sigma Mode/GR-CCL RST/Inelastic Capture Mode/GR-CCL

20. Casing, Liner and Cement:
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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	83	4	0	83	CALC
SURF	14+3/4	9+5/8	36	0	2,708	1,220	0	2,708	VISU
1ST	8+3/4	4+1/2	11.6	0	8,777	1,653	2,950	8,777	CBL

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/13/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF		532	0	2,708

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	4,525	5,867	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,867	6,091	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,091	8,179	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,179	8,607	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,607		<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: 12/13/2012 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>					
400357832	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

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

Total: 0 comment(s)