

**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:

400401361

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

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 05-045-21282-00

6. County: GARFIELD

7. Well Name: Shell

Well Number: 797-03-40

8. Location: QtrQtr: Tct 71 Section: 3 Township: 7S Range: 97W Meridian: 6

Footage at surface: Distance: 792 feet Direction: FNL Distance: 1478 feet Direction: FEL

As Drilled Latitude: 39.479590 As Drilled Longitude: -108.201950

## GPS Data:

Data of Measurement: 04/26/2012 PDOP Reading: 2.7 GPS Instrument Operator's Name: B Baker

\*\* If directional footage at Top of Prod. Zone Dist.: 3046 feet. Direction: FNL Dist.: 228 feet. Direction: FEL

Sec: 3 Twp: 7S Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 3192 feet. Direction: FNL Dist.: 120 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) 05/20/2012 13. Date TD: 06/27/2012 14. Date Casing Set or D&amp;A: 06/28/2012

## 15. Well Classification:

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

16. Total Depth MD 7637 TVD\*\* 6820 17 Plug Back Total Depth MD 7581 TVD\*\* 6764

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 Log/CBL-VDL/GR-CCL  
RST/Inelastic Capture/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	73	4	0	73	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	7,606	1,774	1,400	7,606	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	3,145	4,550	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,550	4,842	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,842	6,975	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,975	7,363	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,363		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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 ?			
<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"/>

### **General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)