FORM 5	State of Colorado	DE	ET	OE	ES

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

DRILLING COMPLETION REPORT

DE	ET	OE	ES

Document Number:

400402699

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   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: 05-045-21280-00   6. County: GARFIELD
7. Well Name: Shell   Well Number: 797-03-21A
8. Location: QtrQtr: Tct 71   Section: 3   Township: 7S   Range: 97W   Meridian: 6

Footage at surface: Distance: 794 feet Direction: FNL   Distance: 1516 feet Direction: FEL

As Drilled Latitude: 39.479580   As Drilled Longitude: -108.202080

GPS Data:

Data 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.: 1594 feet. Direction: FNL   Dist.: 2411 feet. Direction: FEL

Sec: 3   Twp: 6S   Rng: 97W

** If directional footage at Bottom Hole   Dist.: 1621 feet. Direction: FNL   Dist.: 2444 feet. Direction: FEL

Sec: 3   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) 05/23/2012 13. Date TD: 05/31/2012 14. Date Casing Set or D&A: 06/01/2012

15. Well Classification:

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

16. Total Depth MD 7068   TVD** 6836   17 Plug Back Total Depth MD 7012   TVD** 6780

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	93	4	0	93	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	7,038	1,665	760	7,038	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	2,762	4,006	☐	☐	
MESAVERDE	4,006	4,254	☐	☐	
WILLIAMS FORK	4,254	6,415	☐	☐	
CAMEO	6,415	6,765	☐	☐	
ROLLINS	6,765		☐	☐	

Comment:

As-built data was 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)