

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:

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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 05-045-21284-00 6. County: GARFIELD
7. Well Name: Shell Well Number: 797-03-08B
8. Location: QtrQtr: Tct 71 Section: 3 Township: 7S Range: 97W Meridian: 6
Footage at surface: Distance: 783 feet Direction: FNL Distance: 1486 feet Direction: FEL
As Drilled Latitude: 39.479610 As Drilled Longitude: -108.201980

GPS Data:
Date of Measurement: 04/26/2012 PDOP Reading: 2.8 GPS Instrument Operator's Name: B Baker

** If directional footage at Top of Prod. Zone Dist.: 499 feet. Direction: FNL Dist.: 88 feet. Direction: FEL
Sec: 3 Twp: 7S Rng: 97W

** If directional footage at Bottom Hole Dist.: 515 feet. Direction: FNL Dist.: 121 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: 06/21/2012 14. Date Casing Set or D&A: 06/22/2012

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

16. Total Depth MD 7156 TVD** 6866 17 Plug Back Total Depth MD 7100 TVD** 6810

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	76	4	0	76	CALC
SURF	12+1/4	9+5/8	36	0	1,040	284	0	1,040	CALC
1ST	8+3/4	4+1/2	11.6	0	7,126	1,675	460	7,126	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	2,780	4,083	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,083	4,358	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,358	6,476	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,476	6,845	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,845		<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 ?	
Attachment Checklist			
	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

Total: 0 comment(s)