

**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:

04/08/2013

**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     | 1,410   | 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: 4/8/2013 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>    |                       |            |                                     |    |                                     |
| 400401361                   | 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)