

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:
1164251

Date Received:
10/13/2009

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 PROUIX
 2. Name of Operator: OXY USA WTP LP Phone: (970) 263-3641
 3. Address: P O BOX 27757 ATTN: DONN Fax: (970) 263-3694
 City: HOUSTON State: TX Zip: 77046

5. API Number 05-045-12219-00 6. County: GARFIELD
 7. Well Name: CASCADE CREEK Well Number: 697-16-25A
 8. Location: QtrQtr: NWSW Section: 16 Township: 6S Range: 97W Meridian: 6
 Footage at surface: Distance: 1869 feet Direction: FSL Distance: 917 feet Direction: FWL
 As Drilled Latitude: 39.520872 As Drilled Longitude: -108.230863

GPS Data:
 Date of Measurement: 07/17/2008 PDOP Reading: 1.5 GPS Instrument Operator's Name: BEN JOHNSON

** If directional footage at Top of Prod. Zone Dist.: 3048 feet. Direction: FSL Dist.: 404 feet. Direction: FWL
 Sec: 16 Twp: 6S Rng: 97W
 ** If directional footage at Bottom Hole Dist.: 3021 feet. Direction: FSL Dist.: 334 feet. Direction: FWL
 Sec: 16 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) 10/25/2007 13. Date TD: 11/04/2007 14. Date Casing Set or D&A: 11/05/2007

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

16. Total Depth MD 8792 TVD** 8562 17 Plug Back Total Depth MD 8748 TVD** 8518

18. Elevations GR 8342 KB 8360 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:
ACOUSTIC, CBL, RMTE, TEMP

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	16			108			108	CALC
SURF	14+3/4	9+5/8			2,739	1,292		2,739	CALC
1ST	8+3/4	4+1/2			8,792	1,246	2,450	8,792	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	
WASATCH G	4,324	4,534	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,534	5,884	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,884	6,095	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,095	8,171	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,171	8,632	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,632		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y _____ Print Name: JOAN PROULX

Title: REGULATORY ADMIN ASST Date: 9/29/2009 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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)