

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:

400491656

Date Received:

10/08/2013

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
2. Name of Operator: OXY USA WTP LP
3. Address: 760 HORIZON DR #101
City: GRAND JUNCTION State: CO Zip: 81506
4. Contact Name: Joan Proulx
Phone: (970) 263-3641
Fax: (970) 263-3694

5. API Number 05-045-15246-00
6. County: GARFIELD
7. Well Name: CC
Well Number: 697-17-25A
8. Location: QtrQtr: SWSW Section: 17 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 957 feet Direction: FSL Distance: 1171 feet Direction: FWL
As Drilled Latitude: 39.518350 As Drilled Longitude: -108.248680

GPS Data:
Date of Measurement: 02/17/2010 PDOP Reading: 5.0 GPS Instrument Operator's Name: B Rollins

** If directional footage at Top of Prod. Zone Dist.: 2301 feet. Direction: FNL Dist.: 283 feet. Direction: FWL
Sec: 17 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 2097 feet. Direction: FNL Dist.: 160 feet. Direction: FWL
Sec: 17 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) 01/06/2008 13. Date TD: 01/08/2008 14. Date Casing Set or D&A: 03/03/2008

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

16. Total Depth MD 7745 TVD** 7167 17 Plug Back Total Depth MD 7607 TVD** 7029

18. Elevations GR 6802 KB 6826
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:
CBL
GR-CCL
RST Sigma Mode
Slim Neutron Tool Porosity
Processed Data SSLT-B

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	22	16	65	0	60		0	60	VISU
SURF	12+1/4	9+5/8	36	0	1,546	425	0	1,546	VISU
1ST	7+7/8	4+1/2	11.6	0	7,650	1,296	940	7,650	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	3,310	4,673	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,899	6,940	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,940	7,436	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,436		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

conductor casing cemented w/ 4 yds

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: 10/8/2013 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>			
400491656	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400566978	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting: Requested LAS of RST log, cement report is attached to doc 1714646. Joan P roulx called, will send LAS. 3/6/14 dhs. RST LAS received via sundry 400567561. 3/10/14-AS	3/5/2014 3:04:31 PM

Total: 1 comment(s)