

FORM  
5

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission  
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400081344

**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: 66561 4. Contact Name: Joan Proulx  
2. Name of Operator: OXY USA INC Phone: (970) 263.3641  
3. Address: PO BOX 27757 Fax: (970) 263.3694  
City: HOUSTON State: TX Zip: 77227

5. API Number 05-077-09598-00 6. County: MESA  
7. Well Name: MCDANIEL Well Number: 15-1C  
8. Location: QtrQtr: NENW Section: 14 Township: 9S Range: 94W Meridian: 6  
Footage at surface: Direction: FNL Distance: 821 Direction: FWL Distance: 1695  
As Drilled Latitude: 39.281462 As Drilled Longitude: -107.853723

GPS Data:

Data of Measurement: 02/02/2009 PDOP Reading: 1.5 GPS Instrument Operator's Name: Matt Busker

\*\* If directional footage

at Top of Prod. Zone Distance: 1131 Direction: FNL Distance: 638 Direction: FEL  
at Bottom Hole Distance: 1144 Direction: FNL Distance: 648 Direction: FEL

9. Field Name: BRUSH CREEK 10. Field Number: 7562

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 09/11/2008 13. Date TD: 09/25/2008 14. Date Casing Set or D&A: 09/26/2008

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8580 TVD 8029 17 Plug Back Total Depth MD 8524 TVD 7973

18. Elevations GR 7285 KB 7309

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  
Temp

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	24+0/0	16+0/0	65	40	3	40	0
SURF	12+1/4	8+5/8	32	1,536	450	1,536	0
1ST	7+7/8	4+1/2	11.6	8,573	1,220	8,573	1,500

REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

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	
WILLIAMS FORK	5,002	7,305	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,305	7,727	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,727	8,107	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	8,107	8,294	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	8,294		<input type="checkbox"/>	<input type="checkbox"/>	

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

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name	Doc Description
400081353	LAS-	McDaniel 15-1C.las
400081354	LAS-	PXP_MCDANIEL151C.las
400081355	CMT SUMMARY	McDaniel 15-1C Cement Summary.PDF
400081356	DIRECTIONAL SURVEY	McDaniel 15-1C Dir Survey.PDF

Total Attach: 4 Files