

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:

400080841

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 05-077-09604-00 6. County: MESA
7. Well Name: MCDANIEL Well Number: 14-4B
8. Location: QtrQtr: NENW Section: 14 Township: 9S Range: 94W Meridian: 6
Footage at surface: Direction: FNL Distance: 841 Direction: FWL Distance: 1727
As Drilled Latitude: 39.281410 As Drilled Longitude: -107.853600

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: 974 Direction: FNL Distance: 731 Direction: FWL
at Bottom Hole Distance: 1003 Direction: FNL Distance: 666 Direction: FWL

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) 10/14/2008 13. Date TD: 10/22/2008 14. Date Casing Set or D&A: 10/25/2008

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7490 TVD 7388 17 Plug Back Total Depth MD 7434 TVD 7332

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:

Acoustic CBL

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		40	3	40	0
SURF	12+1/4	8+5/8	32	1,537	460	1,537	0
1ST	7+7/8	4+1/2	11.6	7,480	1,170	7,480	1,800

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	4,660	6,880	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,880	7,294	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,294		<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: _____ Print Name: Joan Proulx

Title: Regulatory Analyst Date: _____ Email: joan_proulx@oxy.com

Based on the information provided herein, this Drilling Completion Report (Form 5) 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
400080842	LAS-	McDaniel 14-4B.las
400080843	LAS-	PXP_MCDANIEL_14_4B_MAIN_PASS.las
400080844	LAS-	PXP_MCDANIEL_14_4B_REPEAT_PASS.las
400080845	CMT SUMMARY	McDaniel 14-4B Cement Summary.PDF
400080846	DIRECTIONAL SURVEY	McDaniel 14-4B Survey.PDF

Total Attach: 5 Files