

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:  
2554531

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) 2633641  
3. Address: P O BOX 27757 Fax: (970) 2633694  
City: HOUSTON State: TX Zip: 77227

5. API Number 05-045-17585-00 6. County: GARFIELD  
7. Well Name: SHELL Well Number: 697-34-14A  
8. Location: QtrQtr: NWNE Section: 3 Township: 7S Range: 97W Meridian: 6  
Footage at surface: Direction: FNL Distance: 1237 Direction: FEL Distance: 1566  
As Drilled Latitude: 39.478389 As Drilled Longitude: -108.202226

GPS Data:

Data of Measurement: 04/23/2009 PDOP Reading: 2.9 GPS Instrument Operator's Name: BLAIR ROLLINS

\*\* If directional footage

at Top of Prod. Zone Distance: 4 Direction: FNL Distance: 1693 Direction: FEL  
at Bottom Hole Distance: 1216 Direction: FSL Distance: 1834 Direction: FEL

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) 11/04/2008 13. Date TD: 11/10/2008 14. Date Casing Set or D&A: 11/12/2008

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7380 TVD 6719 17 Plug Back Total Depth MD 7286 TVD 6625

18. Elevations GR 6325 KB 6343

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 CEMENT BOND/TEM LOG (TEMP LOG CORRECTED); RMTE

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	16	65	78		78	0
SURF	12+1/4	9+5/8	36	1,185	340	1,185	0
1ST	7+7/8	4+1/2	11.6	7,331	1,145	7,331	4,495

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	
FORT UNION	2,883		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,333		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	4,610		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,756		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,121		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	7,336		<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: REG ANALYST Date: 8/30/2010 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: *David S. Neslin* Director of COGCC Date: 9/7/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2554531	FORM 5 SUBMITTED	LF@2496169 2554531

Total Attach: 1 Files