

**FORM**  
**5**Rev  
02/08State 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:

400088530

**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) 263.3641

3. Address: P O BOX 27757

Fax: (970) 263.3694

City: HOUSTON State: TX Zip: 77227

5. API Number 05-045-17607-00

6. County: GARFIELD

7. Well Name: CASCADE CREEK

Well Number: 697-16-42A

8. Location: QtrQtr: NWSW Section: 16 Township: 6S Range: 97W Meridian: 6

Footage at surface: Direction: FSL Distance: 2206 Direction: FWL Distance: 735

As Drilled Latitude: 39.521800 As Drilled Longitude: -108.231510

## GPS Data:

Data of Measurement: 10/08/2010 PDOP Reading: 2.3 GPS Instrument Operator's Name: J. Grabowski

## \*\* If directional footage

at Top of Prod. Zone Distance: 1728 Direction: FSL Distance: 856 Direction: FWL

Sec: 16 Twp: 6S Rng: 97W

at Bottom Hole Distance: 1690 Direction: FSL Distance: 830 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) 01/23/2010 13. Date TD: 02/27/2010 14. Date Casing Set or D&amp;A: 02/28/2010

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 9375 TVD 9349 17 Plug Back Total Depth MD 9319 TVD 9293

18. Elevations GR 8312 KB 8342

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:

Slim Sonic Logging Tool/CBL/GR-CCL  
Reservoir Saturation Tool/Sigma Mode-Fixed Beam/GR-CCL  
Reservoir Saturation Tool/Inelastic/Capture Mode/GR-CCL  
Processed Data/SSLT-B

## 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	20+0/0	16+0/0	65	90	4	90	0
SURF	14+3/4	9+5/8	36	2,714	1,425	2,714	0
1ST	8+3/4	4+1/2	11.6	9,329	1,850	9,329	4,350

### ADDITIONAL CEMENT

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

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		140	0	2,714
	SURF		140	0	2,714
	SURF		85	0	2,714

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	2,715	4,452	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,452	5,888	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	5,888	8,125	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,125	8,452	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,452	8,657	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	8,657	8,886	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	8,886	9,183	<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
400088535	CMT SUMMARY	697-16-42A Cement.pdf
400088536	DIRECTIONAL SURVEY	697-16-42A Dir Survey.pdf
400088537	LAS-CEMENT BOND	BF-jones16-AWKC-00094_OXY_CC-697-16-42A_CBL-VDL_403PUP.las
400088538	LAS-SONIC	BF-jones16-AWKC-00094_OXY_CC-697-16-42A_SONIC_MN_013PUP.las
400088540	LAS-SONIC	BF-jones16-AWKC-00094_OXY_CC-697-16-42A_SONIC_RP_010PUP.las
400088541	LAS-	BF-jones16-AWKC-00094_OXY_CC_697-17-42A_ic_PSP_002PUP.las
400088542	LAS-	BF-jones16-AWKC-00094_OXY_CC_697-17-42A_mainRSTfix_PSP_007PUP.las
400088544	LAS-	BF-jones16-AWKC-00094_OXY_CC_697-17-42A_repeatRST_PSP_011PUP.las
400088545	LAS-	CC_697_16_42A_Sonic_Processed_Rev.las

Total Attach: 9 Files