

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



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Document Number:

400104669

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 05-077-09807-00 6. County: MESA
 7. Well Name: HAWKINS RANCH Well Number: 14-3A
 8. Location: QtrQtr: SWSW Section: 11 Township: 10S Range: 94W Meridian: 6
 Footage at surface: Direction: FSL Distance: 1094 Direction: FWL Distance: 201
 As Drilled Latitude: 39.200330 As Drilled Longitude: -108.858280

GPS Data:

Data of Measurement: 02/03/2009 PDOP Reading: 1.3 GPS Instrument Operator's Name: M. Busker

** If directional footage

at Top of Prod. Zone Distance: 236 Direction: FNL Distance: 2052 Direction: FWL
 Sec: 14 Twp: 10s Rng: 94w
 at Bottom Hole Distance: 269 Direction: FNL Distance: 2048 Direction: FWL
 Sec: 14 Twp: 10s Rng: 95w

9. Field Name: PLATEAU 10. Field Number: 69300
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 12/18/2008 13. Date TD: 12/29/2008 14. Date Casing Set or D&A: 12/31/2008

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

16. Total Depth MD 7936 TVD 7383 17 Plug Back Total Depth MD 7880 TVD 7327

18. Elevations GR 7491 KB 7506 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:
 High Resolution Induction
 Spectral Density,
 dual spaced Neutron
 Borehole volume Plot
 SSLT
 CBL
 GR
 CCL

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	55	4	55	0
SURF	12+1/4	8+5/8	36	1,550	420	1,550	0
1ST	7+7/8	4+1/2	11.6	7,935	1,360	7,935	0

ADDITIONAL 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	4,224	6,599	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,599	6,969	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,969	7,487	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	7,487	7,681	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	7,681		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The logs, directional survey and surface cement tickets were sent with the Preliminary Form 5 on 6/22/2009.

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
400104673	LAS-	HAWKINS RANCH 14-3A.las

Total Attach: 1 Files