

FORM
5Rev
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:

400103421

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 completion1. OGCC Operator Number: 665714. Contact Name: Joan Proulx2. Name of Operator: OXY USA WTP LPPhone: (970) 263.36413. Address: P O BOX 27757Fax: (970) 263.3694City: HOUSTON State: TX Zip: 772275. API Number 05-045-18059-006. County: GARFIELD7. Well Name: CASCADE CREEKWell Number: 697-16-17A8. Location: QtrQtr: NWSW Section: 16 Township: 6S Range: 97W Meridian: 6Footage at surface: Distance: 2236 feet Direction: FSL Distance: 770 feet Direction: FWLAs Drilled Latitude: 39.521890 As Drilled Longitude: -108.231390

GPS Data:

Data of Measurement: 10/08/2010 PDOP Reading: 3.6 GPS Instrument Operator's Name: J. Grabowski

** If directional footage

at Top of Prod. Zone Distance: 1673 feet Direction: FNL Distance: 280 feet Direction: FWLSec: 16 Twp: 6S Rng: 97Wat Bottom Hole Distance: 1629 feet Direction: FNL Distance: 212 feet Direction: FWLSec: 16 Twp: 6S Rng: 97W9. Field Name: GRAND VALLEY10. Field Number: 31290

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 03/20/2010 13. Date TD: 05/01/2010 14. Date Casing Set or D&A: 05/03/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8781 TVD 8603 17 Plug Back Total Depth MD 8725 TVD 854718. 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:

RST/Inelastic/Capture Mode/GR-CCL
RST/Sigma Mode/GR-CCL
Dipole Shear Sonic Imager/GR
Processed Data DSI (Cased Hole)

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
CONDUCTOR	20+0/0	16+0/0	65	90	4	0	90	CALC
SURF	14+3/4	9+5/8	36	2,735	1,284	0	2,735	CALC
1ST	8+3/4	4+1/2	11.6	8,745	1,645	2,764	8,745	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF		114	0	2,735
1 INCH	SURF		7	0	2,735

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	6,059	8,243	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,243	8,635	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,635		<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
400103424	CEMENT JOB SUMMARY
400103426	DIRECTIONAL SURVEY
400103429	LAS-CEMENT BOND
400103432	LAS-CEMENT BOND
400103433	LAS-
400103438	LAS-
400103439	LAS-
400103441	LAS-
400103442	LAS-
400103444	LAS-

Total Attach: 10 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)