

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

DRILLING COMPLETION REPORT

Document Number:

400103150

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 05-045-18058-00 6. County: GARFIELD
7. Well Name: CASCADE CREEK Well Number: 697-16-19
8. Location: QtrQtr: NWSW Section: 16 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 2238 feet Direction: FSL Distance: 780 feet Direction: FWL
As Drilled Latitude: 39.521890 As Drilled Longitude: -108.231360

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: 1826 feet Direction: FNL Distance: 1644 feet Direction: FWL
Sec: 16 Twp: 6S Rng: 97W
at Bottom Hole Distance: 1619 feet Direction: FNL Distance: 1770 feet 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) 03/25/2010 13. Date TD: 04/27/2010 14. Date Casing Set or D&A: 04/29/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9508 TVD 9311 17 Plug Back Total Depth MD 9452 TVD 9255

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:

CBL/Gamma Ray
Processed Data DSI (Cased Hole)
Reservoir Saturation Tool/Inelastic/Capture Mode/GR-CCL
Dipole Shear sonic Imager/GR
Reservoir Saturation Tool/Sigma Mode/GR-CCL

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	1,400	0	2,735	CALC
1ST	8+3/4	4+1/2	11.6	9,467	1,860	1,900	9,467	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		37	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	5,989	8,271	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,271	8,671	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,671	8,918	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	8,918	9,160	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	9,160		<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
400103153	LAS-CEMENT BOND
400103154	LAS-CEMENT BOND
400103155	LAS-
400103156	LAS-
400103157	LAS-
400103158	LAS-
400103160	LAS-
400103162	LAS-
400103164	CEMENT JOB SUMMARY
400103165	DIRECTIONAL SURVEY

Total Attach: 10 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)