

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:

400107136

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 05-045-19281-006. County: GARFIELD7. Well Name: Cascade CreekWell Number: 697-17-06A8. Location: QtrQtr: SWSW Section: 9 Township: 6S Range: 97W Meridian: 6Footage at surface: Distance: 121 feet Direction: FSL Distance: 265 feet Direction: FWL

As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:

Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____

Sec: _____ Twp: _____ Rng: _____

at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____

Sec: _____ Twp: _____ Rng: _____

9. Field Name: GRAND VALLEY10. Field Number: 31290

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 07/23/2010 13. Date TD: 07/25/2010 14. Date Casing Set or D&A: 07/26/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8955 TVD 8682 17 Plug Back Total Depth MD 8899 TVD 862618. Elevations GR 8393 KB 8423

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-VDL/GR-CCL
RST/Inelastic Capture
RST/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 | 2,929 | 1,520 | 0 | 2,929 | CALC |
| 1ST | 8+3/4 | 4+1/2 | 11.6 | 8,915 | 1,660 | 2,500 | 8,915 | CBL |

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | SURF | | 150 | 0 | 1,520 |
| | SURF | | 150 | 0 | 1,520 |
| | SURF | | 137 | 0 | 1,520 |
| | SURF | | 137 | 0 | 1,520 |

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 | 4,455 | 4,682 | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT UNION | 4,682 | 6,290 | <input type="checkbox"/> | <input type="checkbox"/> | |
| WILLIAMS FORK | 6,290 | 8,409 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 8,409 | 8,783 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 8,783 | | <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 |
|-------------|--------------------|
| 400107146 | LAS- |
| 400107148 | LAS- |
| 400107151 | LAS- |
| 400107152 | LAS- |
| 400107172 | CEMENT JOB SUMMARY |
| 400107173 | DIRECTIONAL SURVEY |

Total Attach: 6 Files

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|--|
| | | |
|--|--|--|

Total: 0 comment(s)