

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:

400107200

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 05-045-17696-00 6. County: GARFIELD
7. Well Name: CASCADE CREEK Well Number: 697-16-01
8. Location: QtrQtr: SWSW Section: 9 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 139 feet Direction: FSL Distance: 264 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 VALLEY 10. Field Number: 31290

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 06/09/2010 13. Date TD: 07/02/2010 14. Date Casing Set or D&A: 07/03/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8812 TVD 8746 17 Plug Back Total Depth MD 8756 TVD 8690

18. 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/Sigma Mode Fixed Beam/GR-CCL
RST/Inelastic Capture
Hole Volume Caliper Log
Quicklook Sonic Quad Combo Log

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	2,909	1,400	0	2,909	CALC
1ST	8+3/4	4+1/2	11.6	8,768	1,760	2,160	8,768	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		38	0	2,909
	SURF		19	0	2,909

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	
FORT UNION	4,543	6,047	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,047	8,264	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,264	8,638	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,638		<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
400107211	LAS-
400107213	LAS-
400107217	LAS-
400107218	LAS-
400107225	DIRECTIONAL SURVEY
400107227	CEMENT JOB SUMMARY

Total Attach: 6 Files

General Comments

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

Total: 0 comment(s)