

**FORM**  
**5**Rev  
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:

400128452

**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: 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 05-045-19283-00

6. County: GARFIELD

7. Well Name: Cascade Creek

Well Number: 697-09-33B

8. Location: QtrQtr: SWSW Section: 9 Township: 6S Range: 97W Meridian: 6

Footage at surface: Distance: 182 feet Direction: FSL Distance: 273 feet Direction: FWL

As Drilled Latitude: 39.530680 As Drilled Longitude: -108.233170

## GPS Data:

Data of Measurement: 12/14/2009 PDOP Reading: 1.5 GPS Instrument Operator's Name: J. Richardson

## \*\* If directional footage

at Top of Prod. Zone Distance: 2049 feet Direction: FSL Distance: 590 feet Direction: FWL

Sec: 9 Twp: 6S Rng: 97W

at Bottom Hole Distance: 2166 feet Direction: FSL Distance: 610 feet Direction: FWL

Sec: 9 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) 09/13/2010 13. Date TD: 10/02/2010 14. Date Casing Set or D&amp;A: 10/03/2010

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 9177 TVD 8913 17 Plug Back Total Depth MD 9117 TVD 8853

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  
Slim Sonic Logging Tool/Sonic Porosity & Delta T/GR & CCL  
RST/Sigma Mode/GR-CCL  
Processed Data/SSLT (Cased Hole)  
CBL/Inelastic Capture Mode/GR-CCL

## 20. Casing, Liner and Cement:

### CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	20+0/0	16+0/0	65	0	120	4	0	120	CALC
SURF	14+3/4	9+5/8	36	0	2,723	1,060	0	2,723	CALC
1ST	8+3/4	4+1/2	11.6	0	9,137	1,880	2,460	9,137	CBL

### ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		147	0	2,723
	SURF		70	0	2,723

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 G	4,528	4,691	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,691	6,078	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,078	6,361	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,361	8,516	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,516	8,896	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,896		<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
400128457	LAS-
400128460	LAS-
400128463	LAS-
400128464	LAS-
400128466	LAS-
400128467	LAS-
400128472	DIRECTIONAL SURVEY
400128473	CEMENT JOB SUMMARY

Total Attach: 8 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

--	--	--

Total: 0 comment(s)