

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:

400128603

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 05-045-19287-006. County: GARFIELD7. Well Name: Cascade CreekWell Number: 697-08-54B8. Location: QtrQtr: SWSW Section: 9 Township: 6S Range: 97W Meridian: 6Footage at surface: Distance: 151 feet Direction: FSL Distance: 264 feet Direction: FWLAs Drilled Latitude: 39.530610 As Drilled Longitude: -108.233200

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: 680 feet Direction: FSL Distance: 1759 feet Direction: FELSec: 8 Twp: 6S Rng: 97Wat Bottom Hole Distance: 710 feet Direction: FSL Distance: 1873 feet Direction: FELSec: 8 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) 08/01/2010 13. Date TD: 11/01/2010 14. Date Casing Set or D&A: 11/02/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 9100 TVD 8748 17 Plug Back Total Depth MD 9040 TVD 868818. 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:

Slim Sonic Logging Tool/CBL/GR & CCL
Quad Combo
Triple Combo
Processed Data/SSLT (Cased Hole)
RST/Sigma Mode/GR-CCL
RST/Inelastic Capture/GR-CCL
Slim Sonic Logging Tool/Sonic Porosity & Delta T/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	90	4	0	90	CALC
SURF	14+3/4	9+5/8	36	0	2,687	1,190	0	2,687	CALC
1ST	8+3/4	4+1/2	11.6	0	9,055	1,745	3,538	9,055	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		15	0	2,687

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	4,563	4,705	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,705	6,109	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,109	6,367	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,367	8,476	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,476	8,868	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,868		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Final as-built data (lat, long, GPS) will be submitted once the rig has departed the location and the surveyor has collected that information.

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
400128605	LAS-
400128606	LAS-
400128607	LAS-
400128608	LAS-
400128609	LAS-
400128611	LAS-
400128613	LAS-
400128614	LAS-
400128617	DIRECTIONAL SURVEY
400128618	CEMENT JOB SUMMARY

Total Attach: 10 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)