

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:

400128902

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 05-045-19285-00 6. County: GARFIELD
7. Well Name: Cascade Creek Well Number: 697-08-54A
8. Location: QtrQtr: SWSW Section: 9 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 159 feet Direction: FSL Distance: 264 feet Direction: FWL
As Drilled Latitude: 39.530630 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: 998 feet Direction: FSL Distance: 1852 feet Direction: FEL
Sec: 8 Twp: 6S Rng: 97W
at Bottom Hole Distance: 1073 feet Direction: FSL Distance: 2040 feet Direction: FEL
Sec: 8 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) 09/05/2010 13. Date TD: 10/26/2010 14. Date Casing Set or D&A: 10/27/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9155 TVD 8763 17 Plug Back Total Depth MD 9095 TVD 8703

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:

Slim Sonic Logging Tool/CBL/GR & CCL
RST/Sigma Mode/GR-CCL
Slim Sonic Logging Tool/Sonic Porosity & Delta T/GR & CCL
RST/Inelastic Capture/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 | 2,710 | 1,241 | 0 | 2,710 | CALC |
| 1ST | 8+3/4 | 4+1/2 | 11.6 | 0 | 9,128 | 1,760 | 2,730 | 9,128 | CBL |

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| 1 INCH | SURF | | 50 | 0 | 2,710 |

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 | 4,612 | 4,758 | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT UNION | 4,758 | 6,154 | <input type="checkbox"/> | <input type="checkbox"/> | |
| MESAVERDE | 6,154 | 6,396 | <input type="checkbox"/> | <input type="checkbox"/> | |
| WILLIAMS FORK | 6,396 | 8,550 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 8,550 | 8,921 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 8,921 | | <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 |
|-------------|--------------------|
| 400128916 | LAS- |
| 400128918 | LAS- |
| 400128919 | LAS- |
| 400128922 | LAS- |
| 400128923 | LAS- |
| 400128924 | LAS- |
| 400128925 | LAS- |
| 400128926 | LAS- |
| 400128927 | DIRECTIONAL SURVEY |
| 400128929 | CEMENT JOB SUMMARY |

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)