

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:

400130787

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 05-045-18386-00 6. County: GARFIELD
7. Well Name: Shell Well Number: 697-34-24
8. Location: QtrQtr: NWNE Section: 3 Township: 7S Range: 97W Meridian: 6
Footage at surface: Direction: FNL Distance: 1219 Direction: FEL Distance: 1452
As Drilled Latitude: 39.483040 As Drilled Longitude: -108.197240

GPS Data:

Data of Measurement: 08/27/2010 PDOP Reading: 5.9 GPS Instrument Operator's Name: K. Gardiner

** If directional footage

at Top of Prod. Zone Direction: _____ Distance: 465 Direction: _____ Distance: _____
at Bottom Hole Direction: FSL Distance: 465 Direction: FEL Distance: 145

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) 10/22/2010 13. Date TD: 10/27/2010 14. Date Casing Set or D&A: 10/28/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7190 TVD 6730 17 Plug Back Total Depth MD 7130 TVD 6670

18. Elevations GR 6327 KB 6345

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:

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

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	20+0/0	16+0/0	65	102	4	102	0
SURF	12+1/4	9+5/8	36	1,313	308	1,313	0
1ST	7+7/8	4+1/2	11.6	7,156	960	7,156	1,558

REMEDIAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

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 Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400130798	DIRECTIONAL SURVEY	697-34-24 Final Survey.pdf
400130799	CEMENT JOB SUMMARY	Oxy Shell 697-34-34 Surface PJR.pdf
400131044	LAS-	OXY_SHELL_697_34_24_CasedHole_SSLT_Compressional_3000ft_7000ft_Results.las

Total Attach: 3 Files