

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:

2611257

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: (713) 215-7000
3. Address: P O BOX 27757 Fax: (713) 215-7545
City: HOUSTON State: TX Zip: 77227

5. API Number 05-045-17879-00 6. County: GARFIELD
7. Well Name: SHELL Well Number: 697-34-16A
8. Location: QtrQtr: NWNE Section: 3 Township: 7S Range: 97W Meridian: 6
Footage at surface: Distance: 1227 feet Direction: FNL Distance: 1502 feet Direction: FEL
As Drilled Latitude: 39.478419 As Drilled Longitude: -108.201397

GPS Data:

Data of Measurement: 04/23/2009 PDOP Reading: 5.0 GPS Instrument Operator's Name: BLAIR ROLLINS

** If directional footage

at Top of Prod. Zone Distance: 900 feet Direction: FSL Distance: 445 feet Direction: FEL
Sec: 34 Twp: 6S Rng: 97W
at Bottom Hole Distance: 1069 feet Direction: FSL Distance: 384 feet Direction: FEL
Sec: 34 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) 01/11/2009 13. Date TD: 01/12/2009 14. Date Casing Set or D&A: 01/19/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7421 TVD 6692 17 Plug Back Total Depth MD 7339 TVD 6610

18. Elevations GR 6325 KB 6343

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:

ACOUSTIC CBL, RMTE, SLIM HOLE WAVE SONIC

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	24	16		0	78		0	78	CALC
SURF	12+1/4	9+5/8		0	1,239	278	0	1,239	CALC
1ST	8+3/4	4+1/2		0	7,404	1,163	700	7,404	CBL

ADDITIONAL 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	
MESAVERDE	4,407		<input type="checkbox"/>	<input type="checkbox"/>	DIRECTIONAL SURVEY AND CEMENT SUMMARY WERE SENT WITH PRELIMINARY FORM 5 ON 09/23/2009.
WILLIAMS FORK	4,661		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,861		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,212		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

SUBSEQUENT

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y _____ Print Name: JOAN PROULX _____

Title: REG ANALYST _____ Date: 4/7/2010 _____ 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: *David S. Nashin* Director of COGCC Date: 2/16/2011

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)