

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:

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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 05-045-17890-00

6. County: GARFIELD

7. Well Name: Shell

Well Number: 797-03-23A

8. Location: QtrQtr: NWNE Section: 3 Township: 7S Range: 97W Meridian: 6

Footage at surface: Distance: 1217 feet Direction: FNL Distance: 1429 feet Direction: FEL

As Drilled Latitude: 39.478420 As Drilled Longitude: -108.201780

GPS Data:

Data of Measurement: 08/27/2010 PDOP Reading: 2.3 GPS Instrument Operator's Name: K. Gardiner

** If directional footage

at Top of Prod. Zone Distance: 1425 feet Direction: FNL Distance: 1076 feet Direction: FEL

Sec: 3 Twp: 7S Rng: 97W

at Bottom Hole Distance: 1425 feet Direction: FNL Distance: 1076 feet Direction: FEL

Sec: 3 Twp: 7S 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) 11/04/2010 13. Date TD: 11/08/2010 14. Date Casing Set or D&A: 11/09/2010

15. Well Classification:

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

16. Total Depth MD 6755 TVD 6726 17 Plug Back Total Depth MD 6695 TVD 6666

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:

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	102	4	0	102	CALC
SURF	12+1/4	9+5/8	36	0	1,311	280	0	1,311	CALC
1ST	7+7/8	4+1/2	11.6	0	6,727	919	1,500	6,727	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	
WASATCH G	2,258	2,496	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,496	3,665	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	3,665	3,897	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,897	6,099	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,099	6,473	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,473		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This Form 5 is being submitted to reflect the formation intervals.

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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)