

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



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DRILLING COMPLETION REPORT

Document Number:

400133880

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: Distance: 1219 feet Direction: FNL Distance: 1445 feet Direction: FEL  
As Drilled Latitude: 39.478410 As Drilled Longitude: -108.201830

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 Distance: 466 feet Direction: FSL Distance: 145 feet Direction: FEL  
Sec: 34 Twp: 6S Rng: 97W  
at Bottom Hole Distance: 466 feet Direction: FSL Distance: 145 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) 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:

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	1,313	308	0	1,313	CALC
1ST	7+7/8	4+1/2	11.6	0	7,156	960	1,558	7,156	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	2,459	2,691	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,691	4,127	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,127	4,408	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,408	6,459	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,459	6,937	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,937		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This Form 5 is being submitted to add 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**

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

Total: 0 comment(s)