

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

Document Number:
2554501

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
2. Name of Operator: OXY USA WTP LP
3. Address: P O BOX 27757
City: HOUSTON State: TX Zip: 77227
4. Contact Name: JOAN PROULX
Phone: (970) 2633641
Fax: (970) 2633694

5. API Number 05-045-17765-00
6. County: GARFIELD
7. Well Name: SHELL Well Number: 797-03-06A
8. Location: QtrQtr: NWNE Section: 3 Township: 7S Range: 97W Meridian: 6
Footage at surface: Distance: 1232 feet Direction: FNL Distance: 1534 feet Direction: FEL
As Drilled Latitude: 39.478406 As Drilled Longitude: -108.201503

GPS Data:
Data of Measurement: 04/23/2009 PDOP Reading: 4.8 GPS Instrument Operator's Name: BLAIR ROLLINS

** If directional footage
at Top of Prod. Zone Distance: 263 feet Direction: FNL Distance: 1446 feet Direction: FEL
Sec: 3 Twp: 7S Rng: 97W
at Bottom Hole Distance: 111 feet Direction: FNL Distance: 1434 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) 12/08/2008 13. Date TD: 12/10/2008 14. Date Casing Set or D&A: 12/13/2008

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6827 TVD 6708 17 Plug Back Total Depth MD 6751 TVD 6632

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 CEMENT BOND/TEMP; 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	1,018	242	0	1,018	CALC
1ST	7+7/8	4+1/2		0	6,827	1,075	1,100	6,827	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	
WILLIAMS FORK	4,049		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,204		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,579		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

CEMENT SUMMARY AND DIRECTIONAL SURVEY WERE SENT WITH PRELIMINARY FORM 5 ON 09/29/2009. DIGITAL RMTE LOG RECORDED WITH CBL.

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: REG ANALYST Date: 5/18/2010 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. Neslin* Director of COGCC Date: 2/17/2011

Attachment Check List

Att Doc Num	Name
2554501	FORM 5 SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)