

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:

400144610

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 05-045-19502-00 6. County: GARFIELD
7. Well Name: Cascade Creek Well Number: 697-10-42B
8. Location: QtrQtr: NWNW Section: 15 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 241 feet Direction: FNL Distance: 673 feet Direction: FWL
As Drilled Latitude: 39.529560 As Drilled Longitude: -108.213080

GPS Data:

Data of Measurement: 12/23/2009 PDOP Reading: 1.3 GPS Instrument Operator's Name: J. Richardson

** If directional footage at Top of Prod. Zone Dist.: 1609 feet. Direction: FSL Dist.: 947 feet. Direction: FWL
Sec: 10 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1828 feet. Direction: FSL Dist.: 979 feet. Direction: FWL
Sec: 10 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) 12/27/2010 13. Date TD: 02/19/2011 14. Date Casing Set or D&A: 02/20/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9204 TVD** 8944 17 Plug Back Total Depth MD 9144 TVD** 8884

18. Elevations GR 8347 KB 8377

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:

CBL/CBL-VDL/GR-CCL
RST/Sigma Mode/GR-CCL
RST/IC Mode/GR-CCL
Slim Sonic Logging Tool/Sonic Porosity & Delta T/GR-CCL

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

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	4,626	4,812	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,812	6,061	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,061	6,277	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,277	8,688	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,688	9,076	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,076		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Subsequent Form 5 to add formation intervals, top of cement, log upload

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

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400144623	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)