

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:

400146342

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 completion1. OGCC Operator Number: 665714. Contact Name: Joan Proulx2. Name of Operator: OXY USA WTP LPPhone: (970) 263.36413. Address: P O BOX 27757Fax: (970) 263.3694City: HOUSTON State: TX Zip: 772275. API Number 05-045-18350-006. County: GARFIELD7. Well Name: Cascade CreekWell Number: 697-08-398. Location: QtrQtr: NESE Section: 8 Township: 6S Range: 97W Meridian: 6Footage at surface: Distance: 2177 feet Direction: FSL Distance: 967 feet Direction: FELAs Drilled Latitude: 39.536170 As Drilled Longitude: -108.237580

GPS Data:

Data of Measurement: 07/01/2010 PDOP Reading: 1.5 GPS Instrument Operator's Name: J. Richardson** If directional footage at Top of Prod. Zone Dist.: 2475 feet. Direction: FSL Dist.: 907 feet. Direction: FELSec: 8 Twp: 6S Rng: 97W** If directional footage at Bottom Hole Dist.: 2475 feet. Direction: FSL Dist.: 907 feet. Direction: FELSec: 8 Twp: 6S Rng: 97W9. Field Name: GRAND VALLEY10. Field Number: 31290

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 12/26/2010 13. Date TD: 02/16/2011 14. Date Casing Set or D&A: 02/19/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8915 TVD** 8901 17 Plug Back Total Depth MD 8855 TVD** 884118. Elevations GR 8479 KB 8509

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:

Quicklook/Sonic Quad Combo
Array Induction/Shallow Focused Electric
Compensated Sonic/Full Waveform
Hole Volume Caliper
Compensated Photo Density/Compensated Dual Neutron

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+0/0	16+0/0	65	0	120	4	0	120	CALC
SURF	14+3/4	9+5/8	36	0	2,688	1,235	0	2,688	CALC
1ST	8+3/4	4+1/2	11.6	0	8,892	1,700		8,892	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		102	0	2,688
	SURF		30	0	2,688
	SURF		34	0	2,688
	SURF		51	0	2,688

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Final as-built data will be provided once the rig has left the pad and the surveyor is able to obtain that information.

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"/>
400146366	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400146365	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)