

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:

400148951

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 05-045-19500-00 6. County: GARFIELD
7. Well Name: Cascade Creek Well Number: 697-10-42C
8. Location: QtrQtr: NWNW Section: 15 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 234 feet Direction: FNL Distance: 687 feet Direction: FWL
As Drilled Latitude: 39.529580 As Drilled Longitude: -108.213030

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.: 1286 feet. Direction: FSL Dist.: 1041 feet. Direction: FWL
Sec: 10 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1400 feet. Direction: FSL Dist.: 1068 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) 09/22/2010 13. Date TD: 10/30/2010 14. Date Casing Set or D&A: 10/31/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 9210 TVD** 9007 17 Plug Back Total Depth MD 9150 TVD** 894718. 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/Inelastic Capture/GR-CCL
RST/Sigma Mode-Fixed Beam/GR-CCL
Slim Sonic Logging Tool/CBL/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
CONDUCTOR	20	16	50	0	60	30	0	60	
SURF	13+1/2	9+5/8	36	0	550	231	0	550	
1ST	8+3/4	7	26	0	6,927	589	0	6,927	
1ST LINER	6	4+1/2	11.6	6127	16,083				

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

Comment:

Subsequent preliminary Form 5 to add formation intervals.

Cementing issues were encountered with the 697-10-42C well, and it is a candidate for a workover and a squeeze. Once engineered plans are received and the work is completed, a subsequent Form 5 will be submitted, along with any required documentation. As built data will be provided once the rig leaves 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>			
	30 Day notice letter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	APD Orig & 1 Copy	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400147936	Deviated Drilling Plan	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Exception Loc Request	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Exception Loc Waivers	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Federal Drilling Permit	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	H2S Contingency Plan	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Mineral lease map	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Surface agrmt/Surety	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Topo map	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400147950	Well Location Plat	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400147816	FORM 2 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400147952	ACCESS ROAD MAP	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400147956	HYDROLOGY MAP	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400147961	LOCATION DRAWING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400147966	CONST. LAYOUT DRAWINGS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400147967	LOCATION PICTURES	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)