

**FORM**  
**5**Rev  
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:

400164654

**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 05-045-18130-00

6. County: GARFIELD

7. Well Name: Cascade Creek

Well Number: 697-08-14

8. Location: QtrQtr: NENE Section: 8 Township: 6S Range: 97W Meridian: 6

Footage at surface: Distance: 1006 feet Direction: FNL Distance: 1140 feet Direction: FEL

As Drilled Latitude: 39.541940 As Drilled Longitude: -108.238200

## GPS Data:

Data of Measurement: 08/03/2010 PDOP Reading: 4.4 GPS Instrument Operator's Name: R. Rennke

## \*\* If directional footage

at Top of Prod. Zone Distance: 907 feet Direction: FNL Distance: 1460 feet Direction: FEL

Sec: 8 Twp: 6S Rng: 97W

at Bottom Hole Distance: 907 feet Direction: FNL Distance: 1460 feet Direction: FEL

Sec: 8 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) 03/16/2011 13. Date TD: 04/11/2011 14. Date Casing Set or D&amp;A: 04/12/2011

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8930 TVD 8914 17 Plug Back Total Depth MD 8874 TVD 8858

18. Elevations GR 8407 KB 8437

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             | 120           | 4         | 0       | 120     | CALC   |
| SURF        | 14+3/4       | 9+5/8          | 36    | 0             | 2,686         | 1,209     | 0       | 2,686   | CALC   |
| 1ST         | 8+3/4        | 4+1/2          | 11.6  | 0             | 8,909         | 1,690     |         | 8,909   |        |

### ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work: \_\_\_\_\_

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
|             | SURF   |                                   | 140           | 0          | 2,686         |
|             | SURF   |                                   | 140           | 0          | 2,686         |
|             | SURF   |                                   | 185           | 0          | 2,686         |

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:

Preliminary Form 5.

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               |
|-------------|--------------------|
| 400164661   | DIRECTIONAL SURVEY |
| 400164662   | CEMENT JOB SUMMARY |

Total Attach: 2 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)