


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: 400138390	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>66571</u>		4. Contact Name: <u>Joan Proulx</u>					
2. Name of Operator: <u>OXY USA WTP LP</u>		Phone: <u>(970) 263.3641</u>					
3. Address: <u>P O BOX 27757</u>		Fax: <u>(970) 263.3694</u>					
City: <u>HOUSTON</u>	State: <u>TX</u>	Zip: <u>77227</u>					
5. API Number <u>05-045-19503-00</u>		6. County: <u>GARFIELD</u>					
7. Well Name: <u>Cascade Creek</u>		Well Number: <u>697-15-26</u>					
8. Location: QtrQtr: <u>NWNW</u> Section: <u>15</u> Township: <u>6S</u> Range: <u>97W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>260</u> feet Direction: <u>FNL</u>		Distance: <u>658</u> feet Direction: <u>FWL</u>					
As Drilled Latitude: <u>39.529510</u>		As Drilled Longitude: <u>-108.213140</u>					
GPS Data:							
Data of Measurement: <u>12/23/2009</u>		PDOP Reading: <u>1.3</u>					
GPS Instrument Operator's Name: <u>J. Richardson</u>							
** If directional footage at Top of Prod. Zone		Dist.: <u>2398</u> feet. Direction: <u>FNL</u>					
Sec: <u>15</u>		Dist.: <u>739</u> feet. Direction: <u>FWL</u>					
Twp: <u>6S</u>		Rng: <u>97W</u>					
** If directional footage at Bottom Hole		Dist.: <u>2487</u> feet. Direction: <u>FNL</u>					
Sec: <u>15</u>		Dist.: <u>747</u> feet. Direction: <u>FWL</u>					
Twp: <u>6S</u>		Rng: <u>97W</u>					
9. Field Name: <u>GRAND VALLEY</u>		10. Field Number: <u>31290</u>					
11. Federal, Indian or State Lease Number: _____							
12. Spud Date: (when the 1st bit hit the dirt) <u>12/22/2010</u>							
13. Date TD: <u>02/02/2011</u>		14. Date Casing Set or D&A: <u>02/04/2011</u>					
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth MD <u>9235</u> TVD** <u>8871</u>		17 Plug Back Total Depth MD <u>9175</u> TVD** <u>8811</u>					
18. Elevations GR <u>8348</u> KB <u>8378</u>		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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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	2,708	1,213	0	2,708	CALC
1ST	8+3/4	4+1/2	11.6	0	9,211	1,797	2,000	9,211	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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment: _____

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: 3/2/2011 Email: joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400138396	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400138395	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400138390	FORM 5 SUBMITTED	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)