

**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

Document Number:

400175241

**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

2. Name of Operator: OXY USA WTP LP

3. Address: P O BOX 27757

City: HOUSTON State: TX Zip: 77227

4. Contact Name: Joan Proulx

Phone: (970) 263.3641

Fax: (970) 263.3694

5. API Number 05-045-18150-00

6. County: GARFIELD

7. Well Name: Cascade Creek

Well Number: 697-09-17B

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

Footage at surface: Distance: 1017 feet Direction: FNL Distance: 1136 feet Direction: FEL

As Drilled Latitude: 39.541900 As Drilled Longitude: -108.238190

GPS Data:

Data of Measurement: 08/03/2010 PDOP Reading: 3.7 GPS Instrument Operator's Name: R Rennke

\*\* If directional footage

at Top of Prod. Zone Distance: 1965 feet Direction: FNL Distance: 222 feet Direction: FWL

Sec: 9 Twp: 6S Rng: 97W

at Bottom Hole Distance: 1965 feet Direction: FNL Distance: 222 feet Direction: FWL

Sec: 9 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) 03/03/2011 13. Date TD: 04/18/2011 14. Date Casing Set or D&amp;A: 04/19/2011

15. Well Classification:

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

16. Total Depth MD 9254 TVD 8992 17 Plug Back Total Depth MD 9198 TVD 8936

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:

Cased Hole RST  
CBL/CBL-VDL/GR-CCL  
RST/Sigma Mode/GR-CCL  
Sonic Porosity & Delta T/Slim Sonic Logging Tool/GR-CCL  
RST/Inelastic Capture Mode/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+0/0	16+0/0	65	0	120	4	0	120	CALC
SURF	14+3/4	9+5/8	36	0	2,694	1,204	0	2,694	CALC
1ST	8+3/4	4+1/2	11.6	0	9,230	1,765		9,230	

### **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:

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
400175244	LAS-
400175245	CEMENT JOB SUMMARY
400175246	DIRECTIONAL SURVEY

Total Attach: 3 Files

### **General Comments**

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

Total: 0 comment(s)