

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
DRILLING COMPLETION REPORT			Document Number: 400146342
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>05-045-18350-00</u>		6. County: <u>GARFIELD</u>	
7. Well Name: <u>Cascade Creek</u>		Well Number: <u>697-08-39</u>	
8. Location: QtrQtr: <u>NESE</u> Section: <u>8</u> Township: <u>6S</u> Range: <u>97W</u> Meridian: <u>6</u>			
Footage at surface: Distance: <u>2177</u> feet Direction: <u>FSL</u>		Distance: <u>967</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>39.536170</u>		As Drilled Longitude: <u>-108.237580</u>	
GPS Data: Data of Measurement: <u>07/01/2010</u> PDOP Reading: <u>1.5</u> GPS Instrument Operator's Name: <u>J. Richardson</u>			
** If directional footage at Top of Prod. Zone		Dist.: <u>2475</u> feet. Direction: <u>FSL</u> Dist.: <u>907</u> feet. Direction: <u>FEL</u>	
Sec: <u>8</u> Twp: <u>6S</u> Rng: <u>97W</u>			
** If directional footage at Bottom Hole		Dist.: <u>2475</u> feet. Direction: <u>FSL</u> Dist.: <u>907</u> feet. Direction: <u>FEL</u>	
Sec: <u>8</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>12/26/2010</u> 13. Date TD: <u>02/16/2011</u> 14. Date Casing Set or D&A: <u>02/19/2011</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>8915</u> TVD** <u>8901</u>		17 Plug Back Total Depth MD <u>8855</u> TVD** <u>8841</u>	
18. Elevations GR <u>8478</u> KB <u>8508</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: Quicklook/Sonic Quad Combo Array Induction/Shallow Focused Electric Compensated Sonic/Full Waveform Hole Volume Caliper Compensated Photo Density/Compensated Dual Neutron CBL			
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	2,688	1,235	0	2,688	CALC
1ST	8+3/4	4+1/2	11.6	0	8,892	1,700	2,100	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: 3/24/2011 Email: joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400146366	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400146342	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400146365	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

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

Total: 0 comment(s)