

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:

1716026

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: (713) 215-7232

3. Address: P O BOX 27757

Fax: (713) 985-1818

City: HOUSTON State: TX Zip: 77227

5. API Number 05-045-14100-00

6. County: GARFIELD

7. Well Name: SHELL

Well Number: 797-27-13A

8. Location: QtrQtr: NWNE Section: 27 Township: 7S Range: 97W Meridian: 6

Footage at surface: Distance: 549 feet Direction: FNL Distance: 2459 feet Direction: FEL

As Drilled Latitude: 39.422517 As Drilled Longitude: -108.205286

GPS Data:

Data of Measurement: 06/18/2009 PDOP Reading: 2.2 GPS Instrument Operator's Name: BLAIR ROLLINS

** If directional footage at Top of Prod. Zone Dist.: 762 feet. Direction: FNL Dist.: 2067 feet. Direction: FEL

Sec: 27 Twp: 7S Rng: 97W

** If directional footage at Bottom Hole Dist.: 797 feet. Direction: FNL Dist.: 2104 feet. Direction: FEL

Sec: 27 Twp: 7S 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) 05/19/2007 13. Date TD: 05/22/2007 14. Date Casing Set or D&A: 05/23/2007

15. Well Classification:

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

16. Total Depth MD 7935 TVD** 7909 17 Plug Back Total Depth MD 7844 TVD** 7819

18. Elevations GR 8169 KB 8187

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:

RADIAL CBL, RMTE, TEMP

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		0	60			60	CALC
SURF	14+3/4	9+5/8		0	2,493	1,416		2,493	CALC
1ST	6+1/4	4+1/2		0	7,918	356	5,884	7,918	CBL
1ST LINER	8+3/4	7		2402	4,903	300	2,402	4,903	

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	
WASATCH F & G	2,763	3,767	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	3,767	4,973	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,973	5,132	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	5,132	7,239	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,239	7,717	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,717		<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: Y Print Name: JOAN PROULX

Title: REGULATORY Date: 7/13/2009 Email: 07/13/2009

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	PART OF OLD FORM 5A CLEANUP. FOUND COMPLETE WELL FILE. SUBMITTED FOR PRIORITY SCANNING.	8/22/2011 3:14:17 PM

Total: 1 comment(s)