

**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:

1665418

**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) 215-7000

3. Address: P O BOX 27757

Fax: (713) 215-7545

City: HOUSTON State: TX Zip: 77227

5. API Number 05-045-15015-01

6. County: GARFIELD

7. Well Name: CC

Well Number: 697-16-58B

8. Location: QtrQtr: SWSE Section: 16 Township: 6S Range: 97W Meridian: 6

Footage at surface: Distance: 402 feet Direction: FSL Distance: 2083 feet Direction: FEL

As Drilled Latitude: 39.516891 As Drilled Longitude: -108.222813

## GPS Data:

Data of Measurement: 12/19/2007 PDOP Reading: 5.5 GPS Instrument Operator's Name: SCOTT VERNON

\*\* If directional footage at Top of Prod. Zone Dist.: 256 feet. Direction: FSL Dist.: 1422 feet. Direction: FWL

Sec: 16 Twp: 6S Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 194 feet. Direction: FSL Dist.: 1211 feet. Direction: FWL

Sec: 16 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) 01/01/2008 13. Date TD: 01/21/2008 14. Date Casing Set or D&amp;A: 01/23/2008

## 15. Well Classification:

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

16. Total Depth MD 7785 TVD\*\* 7429 17 Plug Back Total Depth MD 7729 TVD\*\* 7373

18. Elevations GR 7005 KB 7023

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:

SLIM CEMENT MAPPING TOOL, GAMMA RAY-CCL, PROCESSED DATA SSLT-B RST SIGMA MODE, RST CO MODE

## 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	24	16		0	85		0	85	CALC
SURF	12+1/4	9+40/64		0	1,506	412	0	1,506	CALC
1ST	8+3/4	4+1/2		0	7,785	1,550	1,760	7,785	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	
MESAVERDE	4,600	4,793	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,793	7,072	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,072	7,436	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,436		<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 ADMIN. ASST. Date: 10/26/2009 Email: JOAN\_PROULX@OXY.COMOAN PROULX

### 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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	WORKING AS PART OF OLD FORM 5A CLEANUP. SUBMITTED WELL FILE FOR PRIORITY SCANNING OF PAPER LOGS, D.S., AND SURF. CMT. TKT.	8/22/2011 3:48:36 PM

Total: 1 comment(s)