

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



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Document Number:
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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: (970) 263-3641
3. Address: P O BOX 27757 Fax: (970) 263-3694
City: HOUSTON State: TX Zip: 77227

5. API Number 05-045-20023-00 6. County: GARFIELD
7. Well Name: Cascade Creek Well Number: 697-09-10B
8. Location: QtrQtr: NENE Section: 8 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 992 feet Direction: FNL Distance: 1120 feet Direction: FEL
As Drilled Latitude: 39.541970 As Drilled Longitude: -108.238130

GPS Data:
Data of Measurement: 08/03/2010 PDOP Reading: 2.3 GPS Instrument Operator's Name: R Rennke

** If directional footage
at Top of Prod. Zone Distance: 1123 feet Direction: FNL Distance: 1359 feet Direction: FWL
Sec: 9 Twp: 6S Rng: 97W
at Bottom Hole Distance: 1129 feet Direction: FNL Distance: 1478 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) 03/08/2011 13. Date TD: 05/04/2011 14. Date Casing Set or D&A: 05/05/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9500 TVD 9034 17 Plug Back Total Depth MD 9444 TVD 8978

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:
CBL/CBL-VDL/GR-CCL
RST/Inelastic Capture Mode/GR-CCL
RST/Sigma 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	2,689	1,211	0	2,689	CALC
1ST	8+3/4	4+1/2	11.6	0	9,481	1,855	2,715	9,481	CBL

ADDITIONAL CEMENT

Cement work date: 03/10/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		75	0	2,689
	SURF		75	0	2,689
	SURF		100	0	2,689
	SURF		10	0	2,689

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	
FORT UNION	4,926	6,409	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,409	6,582	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,582	8,863	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,863	9,238	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,238		<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: _____ 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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)