

FORM  
5Rev  
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:

400199638

## 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 5A 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 05-045-18731-00

6. County: GARFIELD

7. Well Name: Cascade Creek

Well Number: 697-05-78A

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

Footage at surface: Distance: 974 feet Direction: FNL Distance: 1119 feet Direction: FEL

As Drilled Latitude: 39.542020 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: 360 feet Direction: FSL Distance: 1828 feet Direction: FEL

Sec: 5 Twp: 6S Rng: 97W

at Bottom Hole Distance: 360 feet Direction: FSL Distance: 1828 feet Direction: FEL

Sec: 5 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) 05/31/2011 13. Date TD: 06/05/2011 14. Date Casing Set or D&amp;A: 06/06/2011

15. Well Classification:

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

16. Total Depth MD 9150 TVD 8925 17 Plug Back Total Depth MD 9094 TVD 8869

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	113	4	0	113	CALC
SURF	14+3/4	9+5/8	36	0	2,710	1,000	0	2,710	CALC
1ST	8+3/4	4+1/2	11.6	0	9,124	1,745	3,170	9,124	CBL

## ADDITIONAL CEMENT

Cement work date: 06/02/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		63	0	2,710

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	4,692	6,074	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,074	6,321	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,321	8,438	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,438	8,850	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,850		<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 ProulxTitle: 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
400199649	LAS-

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)