State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

DRILLING COMPLETION REPORT

Document Number:

400184232

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
2. Name of Operator: OXY USA WTP LP
3. Address: P O BOX 27757
   City: HOUSTON   State: TX   Zip: 77227

4. Contact Name: Joan Proulx
   Phone: (970) 263-3641
   Fax: (970) 263-3694

5. API Number 05-045-20082-00
6. County: GARFIELD
7. Well Name: Cascade Creek   Well Number: 697-09-23A
8. Location: QtrQtr: NWSE   Section: 9   Township: 6S   Range: 97W   Meridian: 6

Footage at surface: Distance: 1780 feet Direction: FSL   Distance: 1906 feet Direction: FEL

As Drilled Latitude: 39.535100   As Drilled Longitude: -108.222210

GPS Data:

Data of Measurement: 09/07/2010   PDOP Reading: 2.0   GPS Instrument Operator's Name: B Johnson

** If directional footage at Top of Prod. Zone   Dist.: 1784 feet. Direction: FNL   Dist.: 1080 feet. Direction: FEL

Sec: 9   Twp: 6S   Rng: 97W

** If directional footage at Bottom Hole   Dist.: 1539 feet. Direction: FNL   Dist.: 962 feet. Direction: FEL

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) 04/10/2011   13. Date TD: 06/01/2011   14. Date Casing Set or D&A: 06/02/2011

15. Well Classification:

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

16. Total Depth MD 9373   TVD** 9064   17 Plug Back Total Depth MD 9317   TVD** 9008

18. Elevations GR 8379   KB 8409   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:

Cased Hole/RST

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	2,707	1,099	0	2,707	CALC
1ST	8+3/4	4+1/2	11.6	0	9,345	1,890		9,345	

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	
			☐	☐	

Comment:

Preliminary Form 5

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: 7/12/2011   Email: joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
Attachment Checklist					
400184240	CMT Summary *	Yes	☒	No	☐
	Core Analysis	Yes	☐	No	☒
400184239	Directional Survey **	Yes	☒	No	☐
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☒	No	☐
	Other	Yes	☐	No	☒
Other Attachments					
400184232	FORM 5 SUBMITTED	Yes	☒	No	☐
400184237	LAS-NEUTRON	Yes	☒	No	☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)