

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:  
400194950

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  
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 05-045-20017-00  
6. County: GARFIELD  
7. Well Name: Cascade Creek  
Well Number: 697-09-02B  
8. Location: QtrQtr: NENE Section: 8 Township: 6S Range: 97W Meridian: 6  
Footage at surface: Distance: 967 feet Direction: FNL Distance: 1103 feet Direction: FEL  
As Drilled Latitude: 39.542040 As Drilled Longitude: -108.238070

GPS Data:  
Date of Measurement: 08/03/2010 PDOP Reading: 3.6 GPS Instrument Operator's Name: R Renke

\*\* If directional footage at Top of Prod. Zone Dist.: 491 feet. Direction: FNL Dist.: 1171 feet. Direction: FWL  
Sec: 9 Twp: 6S Rng: 97W  
\*\* If directional footage at Bottom Hole Dist.: 466 feet. Direction: FNL Dist.: 1288 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) 05/09/2011 13. Date TD: 07/09/2011 14. Date Casing Set or D&A: 07/11/2011

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

16. Total Depth MD 9350 TVD\*\* 8949 17 Plug Back Total Depth MD 9294 TVD\*\* 8893

18. Elevations GR 8419 KB 8449  
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, RST/SM, CBL

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             | 2,686         | 1,220     | 0       | 2,686   | CALC   |
| 1ST         | 8+3/4        | 4+1/2          | 11.6  | 0             | 9,324         | 1,820     |         | 9,324   |        |

### ADDITIONAL CEMENT

Cement work date: 05/11/2011

Details of work:

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
|             | SURF   |                                   | 100           | 0          | 2,686         |
|             | SURF   |                                   | 100           | 0          | 2,686         |
|             | SURF   |                                   | 32            | 0          | 2,686         |

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     | 4,896          | 6,338  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| MESAVERDE      | 6,338          | 6,549  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| WILLIAMS FORK  | 6,549          | 8,784  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CAMEO          | 8,784          | 9,166  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ROLLINS        | 9,166          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

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: 8/11/2011 Email: joan\_proulx@oxy.com

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <b>Attachment Checklist</b> |                       |   |  |
| 400194952                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400194953                   | Directional Survey ** | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | DST Analysis          | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
|                             | Logs                  | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Other                 | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| <b>Other Attachments</b>    |                       |   |  |
| 400194950                   | FORM 5 SUBMITTED      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400194951                   | LAS-PULSED NEUTRON    | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

#### General Comments

| User Group | Comment  | Comment Date            |
|------------|--|-------------------------|
| Permit     | RST/ICM, RST/SM, CBL received, not yet scanned. See "well logs upload" for pulsed neutron LAS. NKP | 8/25/2011<br>8:43:05 AM |

Total: 1 comment(s)