

**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

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 05-045-20017-00

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 Rennke

** 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 ?			
<u>Attachment Checklist</u>					
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"/>
<u>Other Attachments</u>					
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 8:43:05 AM

Total: 1 comment(s)