

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:
400194928

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 05-045-20024-00 6. County: GARFIELD
 7. Well Name: Cascade Creek Well Number: 697-09-10A
 8. Location: QtrQtr: NENE Section: 8 Township: 6S Range: 97W Meridian: 6
 Footage at surface: Distance: 973 feet Direction: FNL Distance: 1107 feet Direction: FEL
 As Drilled Latitude: 39.542020 As Drilled Longitude: -108.238080

GPS Data:
Data of Measurement: 08/03/2010 PDOP Reading: 2.2 GPS Instrument Operator's Name: R Renke

** If directional footage at Top of Prod. Zone Dist.: 808 feet. Direction: FNL Dist.: 1261 feet. Direction: FWL
 Sec: 9 Twp: 6S Rng: 97W
 ** If directional footage at Bottom Hole Dist.: 793 feet. Direction: FNL Dist.: 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) 05/17/2011 13. Date TD: 07/13/2011 14. Date Casing Set or D&A: 07/14/2011

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

16. Total Depth MD 9363 TVD** 8941 17 Plug Back Total Depth MD 9307 TVD** 8885

18. Elevations GR 8420 KB 8450 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

(This area is currently blank for casing details.)

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	90	4	0	90	CALC
SURF	14+3/4	9+5/8	36	0	2,689	1,220	0	2,689	CALC
1ST	8+3/4	4+1/2	11.6	0	9,326	1,800		9,326	

ADDITIONAL CEMENT

Cement work date: 05/19/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		54	0	2,689
	SURF		69	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	4,875	6,355	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,355	6,558	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,558	8,798	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,798	9,181	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,181		<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 ?	
Attachment Checklist			
400194937	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400194939	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"/>
Other Attachments			
400194928	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400194941	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	RST/SM, RST/ICM, CBL rcd, not yet scanned, see "well logs upload" for LAS pulsed neutron. NKP	8/25/2011 8:29:04 AM

Total: 1 comment(s)