

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:

2517708

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 05-045-12227-00

6. County: GARFIELD

7. Well Name: CASCADE CREEK

Well Number: 697-16-18D

8. Location: QtrQtr: SENW Section: 16 Township: 6S Range: 97W Meridian: 6

Footage at surface: Distance: 2183 feet Direction: FNL Distance: 2525 feet Direction: FWL

As Drilled Latitude: 39.524225 As Drilled Longitude: -108.225197

GPS Data:

Date of Measurement: 11/20/2006 PDOP Reading: 2.0 GPS Instrument Operator's Name: Chris Clark

** If directional footage at Top of Prod. Zone Dist.: 1756 feet. Direction: FNL Dist.: 1180 feet. Direction: FWL

Sec: 16 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1756 feet. Direction: FNL Dist.: 1180 feet. Direction: FWL

Sec: 16 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) 06/13/2006 13. Date TD: 07/04/2006 14. Date Casing Set or D&A: 07/08/2006

15. Well Classification:

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

16. Total Depth MD 8175 TVD** 7961 17 Plug Back Total Depth MD 6126 TVD** 5912

18. Elevations GR 8328 KB 8352

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/VARIABLE DENSITY LOG/GAMMA RAY-CCL, RST INELASTIC CAPTURE, RST SIGMA MODE/CCL, PROCESSED DATA SSSL-B

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	16		0	107	4		107	CALC
SURF	14+3/4	9+5/8		0	2,915	1,222	0	2,915	CALC
1ST	8+3/4	4+1/2		0	6,176	830	3,020	6,176	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	
WASATCH G	4,224		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,406		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,800		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,009		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,199		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,621		<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 PROULX

Title: REGUALTORY ANALYST Date: 3/15/2010 Email: JOAN_PROULX@OXY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2517710	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2517709	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2517708	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Rec'd CBL	10/19/2011 10:53:03 AM
Engineer	Emailed Joan for CBL.	10/19/2011 9:01:56 AM
Permit	Per J. Proulx 8/24/2011: directional footage for top of production will be same as bottom hole location. NKP	10/3/2011 1:36:20 PM
Permit	Question to opr about top of production. NKP	8/24/2011 9:59:32 AM
Data Entry	UNABLE TO ENTER LAT/LONG OUT OF DESIGNATED AREA.	8/18/2011 3:29:13 PM

Total: 5 comment(s)