

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:

400230187

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: <u>66571</u>	4. Contact Name: <u>Joan Proulx</u>
2. Name of Operator: <u>OXY USA WTP LP</u>	Phone: <u>(970) 263.3641</u>
3. Address: <u>P O BOX 27757</u>	Fax: <u>(970) 263.3694</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227</u>	

5. API Number <u>05-045-20584-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>Cascade Creek</u>	Well Number: <u>697-16-13A2</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>16</u> Township: <u>6S</u> Range: <u>97W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>2568</u> feet Direction: <u>FNL</u>	Distance: <u>2459</u> feet Direction: <u>FWL</u>
As Drilled Latitude: _____	As Drilled Longitude: _____

GPS Data:
Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: 914 feet. Direction: FNL Dist.: 2445 feet. Direction: FEL
Sec: 16 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 914 feet. Direction: FNL Dist.: 2445 feet. Direction: FEL
Sec: 16 Twp: 6S Rng: 97W

9. Field Name: <u>GRAND VALLEY</u>	10. Field Number: <u>31290</u>
11. Federal, Indian or State Lease Number: _____	

12. Spud Date: (when the 1st bit hit the dirt) <u>08/13/2011</u>	13. Date TD: <u>08/19/2011</u>	14. Date Casing Set or D&A: <u>08/21/2011</u>
--	--------------------------------	---

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD <u>9020</u> TVD** <u>8739</u>	17 Plug Back Total Depth MD <u>8964</u> TVD** <u>8683</u>
--	---

18. Elevations GR <u>8309</u> KB <u>8339</u>	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:

Compensated Photo Density/Compensated Dual Neutron Log
 Compensated Sonic Full Waveform Log
 Induction RTAP Electric Log
 Hole Volume Caliper Log
 CBL/CBL-VDL/GR-CCL
 RST/Inelastic Capture Mode/GR-CCL
 RST/Sigma Mode/GR-CCL

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	90	4	0	90	CALC
SURF	14+3/4	9+5/8	36	0	2,683	1,200	0	2,683	CALC
1ST	8+3/4	4+1/2	11.6	0	8,998	1,735	2,430	8,998	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/15/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		35	0	2,683

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	
FORT UNION	4,675	5,962	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,962	6,152	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,152	8,419	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,419	8,810	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,810		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
400230187	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400230193	LAS-ELECTRONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	cmt tks and d/s with prelim 5, req mwd/fmi logs	12/12/2011 11:42:05 AM

Total: 1 comment(s)