FORM 5	State of Colorado	DE	ET	OE	ES

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

DRILLING COMPLETION REPORT

DE	ET	OE	ES

Document Number:

400234624

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 05-045-20369-00
6. County: GARFIELD
7. Well Name: Cascade Creek   Well Number: 697-05-20A
8. Location: QtrQtr: Lot 14   Section: 5   Township: 6S   Range: 97W   Meridian: 6

Footage at surface: Distance: 2989 feet Direction: FNL   Distance: 2296 feet Direction: FEL

As Drilled Latitude: ___   As Drilled Longitude: ___

GPS Data:

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

** If directional footage at Top of Prod. Zone   Dist.: 1512 feet. Direction: FNL   Dist.: 2069 feet. Direction: FWL

Sec: 5   Twp: 6S   Rng: 97W

** If directional footage at Bottom Hole   Dist.: 1512 feet. Direction: FNL   Dist.: 2069 feet. Direction: FWL

Sec: 5   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) 10/20/2011 13. Date TD: 12/06/2011 14. Date Casing Set or D&A: 12/07/2011

15. Well Classification:

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

16. Total Depth   MD 9315   TVD** 9019   17 Plug Back Total Depth   MD 9259   TVD** 8963

18. Elevations   GR 8423   KB 8453

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:

Repeat Pass SCMT/RST/HBMS
IC/Pass SCMT/RST/HBMS
Main Pass SCMT/RST/HBMS
LDM

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	94	4	0	94	CALC
SURF	14+3/4	9+5/8	36	0	2,695	1,246	0	2,695	CALC
1ST	8+3/4	4+1/2	11.6	0	9,294	1,789		9,294	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/22/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		142	0	2,695
	SURF		142	0	2,695
	SURF		142	0	2,695
	SURF		33	0	2,695

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	
			☐	☐	

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: _____   Email: joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?

Attachment Checklist

Att Doc Num	Document Name			
400234627	CMT Summary *	Yes ☒	No ☐
	Core Analysis	Yes ☐	No ☒
400234626	Directional Survey **	Yes ☒	No ☐
	DST Analysis	Yes ☐	No ☒
	Logs	Yes ☒	No ☐
	Other	Yes ☐	No ☒

Other Attachments

Att Doc Num	Document Name			
400234628	LAS-	Yes ☒	No ☐
400234629	LAS-	Yes ☒	No ☐
400234630	LAS-	Yes ☒	No ☐
400234631	LAS-	Yes ☒	No ☐

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)