

**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:

400242440

**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 05-045-20079-00

6. County: GARFIELD

7. Well Name: Cascade Creek

Well Number: 697-08-52A

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

Footage at surface: Distance: 1341 feet Direction: FSL Distance: 2170 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.: 1106 feet. Direction: FSL Dist.: 2020 feet. Direction: FWL

Sec: 8 Twp: 6S Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 1106 feet. Direction: FSL Dist.: 2020 feet. Direction: FWL

Sec: 8 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) 09/14/2011 13. Date TD: 10/08/2011 14. Date Casing Set or D&amp;A: 10/09/2011

## 15. Well Classification:

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

16. Total Depth MD 8868 TVD\*\* 8747 17 Plug Back Total Depth MD 8812 TVD\*\* 8691

18. Elevations GR 8379 KB 8409

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  
Processed Data SSLT (Cased Hole)  
RST/Sigma Mode/GR-CCL  
Slim Sonic Logging Tool/Sonic Porosity & Delta T/GR  
RST/Inelastic Capture 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	88	4	0	88	CALC
SURF	14+3/4	9+5/8	36	0	2,697	1,220	0	2,697	CALC
1ST	8+3/4	4+1/2	11.6	0	8,838	1,730	2,740	8,838	CBL

### **STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 09/17/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		155	0	2,697
	SURF		123	0	2,697
	SURF		72	0	2,697
	SURF		70	0	2,697

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	4,556	5,904	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,904	6,107	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,107	8,215	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,215	8,588	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,588		<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: \_\_\_\_\_ 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>					
400242443	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)