

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



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Document Number:
400242456

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>05-045-20060-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>Cascade Creek</u>	Well Number: <u>697-08-43B</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>8</u> Township: <u>6S</u> Range: <u>97W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1348</u> feet Direction: <u>FSL</u>	Distance: <u>2167</u> feet Direction: <u>FEL</u>
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.: 1419 feet. Direction: FSL Dist.: 1927 feet. Direction: FWL
Sec: 8 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1419 feet. Direction: FSL Dist.: 1927 feet. Direction: FWL
Sec: 8 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>09/12/2011</u>	13. Date TD: <u>10/11/2011</u>	14. Date Casing Set or D&A: <u>10/12/2011</u>
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15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD <u>8961</u> TVD** <u>8801</u>	17 Plug Back Total Depth MD <u>8905</u> TVD** <u>8745</u>
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18. Elevations GR <u>8379</u> KB <u>8409</u>	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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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

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	80	4	0	80	CALC
SURF	14+3/4	9+5/8	36	0	2,695	1,220	0	2,695	CALC
1ST	8+3/4	4+1/2	11.6	0	8,931	1,740	2,500	8,931	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/14/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		94	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	
FORT UNION	4,567	5,938	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,938	6,150	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,150	8,246	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,246	8,623	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,623		<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: 1/18/2012 Email: joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400242484	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400242486	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			
400242456	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400242483	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)