

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:

400242690

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 05-045-20087-00

6. County: GARFIELD

7. Well Name: Cascade Creek

Well Number: 697-08-41B

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

Footage at surface: Distance: 1373 feet Direction: FSL Distance: 2169 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.: 1514 feet. Direction: FSL Dist.: 690 feet. Direction: FWL

Sec: 8 Twp: 6S Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 1530 feet. Direction: FSL Dist.: 406 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) 09/02/2011 13. Date TD: 11/13/2011 14. Date Casing Set or D&A: 11/14/2011

15. Well Classification:

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

16. Total Depth MD 9231 TVD\*\* 8708 17 Plug Back Total Depth MD 9175 TVD\*\* 8652

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  
RST/Sigma Mode/GR-CCL  
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	152	4	0	152	CALC
SURF	14+3/4	9+5/8	36	0	2,729	1,217	0	2,729	CALC
1ST	8+3/4	4+1/2	11.6	0	9,201	1,807	2,420	9,201	CBL

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

Cement work date: 09/04/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		143	0	2,729
	SURF		131	0	2,729

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	4,830	6,210	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,210	6,449	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,449	8,553	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,553	8,928	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,928		<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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)