<table>
<tr><td>FORM 5</td><td rowspan="2"></td><td>DE</td><td>ET</td><td>OE</td><td>ES</td></tr>
</table>

| FORM 5 | | 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

Document Number:

400248442

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 05-045-20374-00

6. County: GARFIELD

7. Well Name: Cascade Creek

Well Number: 697-05-28A

8. Location: QtrQtr: Lot 14 Section: 5 Township: 6S Range: 97W Meridian: 6

Footage at surface: Distance: 3001 feet Direction: FNL Distance: 2306 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.: 2110 feet. Direction: FNL Dist.: 2254 feet. Direction: FWL

Sec: 5 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 2110 feet. Direction: FNL Dist.: 2254 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) 10/18/2011 13. Date TD: 12/20/2011 14. Date Casing Set or D&A: 12/21/2011

15. Well Classification:

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

16. Total Depth MD 9152 TVD** 9026 17 Plug Back Total Depth MD 9096 TVD** 8970

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:

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 | 93 | 4 | 0 | 93 | CALC |
| SURF | 14+3/4 | 9+5/8 | 36 | 0 | 2,679 | 1,246 | 0 | 2,679 | CALC |
| 1ST | 8+3/4 | 4+1/2 | 11.6 | 0 | 9,131 | 1,775 | 2,980 | 9,131 | CBL |

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/20/2011

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|---|---|---|---|---|---|
| | SURF | | 142 | 0 | 2,679 |
| | SURF | | 217 | 0 | 2,679 |
| | SURF | | 68 | 0 | 2,679 |

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** | | |
| 400248444 | CMT Summary * | Yes ☒  No ☐ |
| | Core Analysis | Yes ☐  No ☒ |
| 400248443 | Directional Survey ** | Yes ☒  No ☐ |
| | DST Analysis | Yes ☐  No ☒ |
| | Logs | Yes ☐  No ☒ |
| | Other | Yes ☐  No ☒ |
| **Other Attachments** | | |
| 400248445 | DIRECTIONAL DATA | Yes ☒  No ☐ |

## General Comments

| **User Group** | **Comment** | **Comment Date** |
|---|---|---|
| | | |

Total: 0 comment(s)