

FORM  
5Rev  
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:

1665421

## 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: (713) 215-7000

3. Address: P O BOX 27757

Fax: (713) 215-7545

City: HOUSTON State: TX Zip: 77227

5. API Number 05-045-15448-00

6. County: GARFIELD

7. Well Name: CC

Well Number: 697-16-63

8. Location: QtrQtr: SWSE Section: 16 Township: 6S Range: 97W Meridian: 6

Footage at surface: Distance: 413 feet Direction: FSL Distance: 2070 feet Direction: FEL

As Drilled Latitude: 39.516877 As Drilled Longitude: -108.222782

## GPS Data:

Data of Measurement: 12/19/2007 PDOP Reading: 5.6 GPS Instrument Operator's Name: SCOTT VERNON

\*\* If directional footage at Top of Prod. Zone Dist.: 257 feet. Direction: FSL Dist.: 1226 feet. Direction: FEL

Sec: 16 Twp: 6S Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 239 feet. Direction: FSL Dist.: 1305 feet. Direction: FEL

Sec: 16 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) 05/23/2008 13. Date TD: 05/30/2008 14. Date Casing Set or D&amp;A: 05/31/2008

## 15. Well Classification:

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

16. Total Depth MD 7565 TVD\*\* 7469 17 Plug Back Total Depth MD 7509 TVD\*\* 7413

18. Elevations GR 7005 KB 7023

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/VDL, GAMMA RAY-CCL, RST IC MODE, RST SIGMA MODE-FIXED BEAM, PROCESSED DATA SSLT-B

## 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	24	16		0	78	4	0	78	CALC
SURF	14+3/4	9+5/8		0	1,580	858	0	1,580	CALC
1ST	7+7/8	4+1/2		0	7,565	1,140	1,150	7,565	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
MESAVERDE	4,448	4,584	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,584	6,803	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,803	7,232	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,232		<input type="checkbox"/>	<input type="checkbox"/>	

Comment: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

**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"/>
2070062	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
1665421	DRILLING COMPLETION REPORT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	APPROVED AS PART OF OLD FORM 5A CLEANUP. DOC #1665421. FOUND COMPLETE WELL FILE. SUBMITTED FOR PRIORITY SCANNING. PAPER CBL #1299257 AND D.S. 2070062 AND SURF. CMT. SUMM. #2537457 IN FILE.	8/23/2011 1:19:37 PM

Total: 1 comment(s)