

**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:

1948041

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 05-045-15782-00

6. County: GARFIELD

7. Well Name: CC

Well Number: 697-16-48B

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

Footage at surface: Distance: 436 feet Direction: FSL Distance: 2058 feet Direction: FEL

As Drilled Latitude: 39.516934 As Drilled Longitude: -108.222740

GPS Data:

Data of Measurement: 12/19/2007 PDOP Reading: 4.6 GPS Instrument Operator's Name: SCOTT VERNON

** If directional footage at Top of Prod. Zone Dist.: 1291 feet. Direction: FSL Dist.: 489 feet. Direction: FEL

Sec: 16 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1412 feet. Direction: FSL Dist.: 235 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) 06/22/2008 13. Date TD: 06/28/2008 14. Date Casing Set or D&A: 06/28/2008

15. Well Classification:

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

16. Total Depth MD 7868 TVD** 7375 17 Plug Back Total Depth MD 7812 TVD** 7319

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 IMAGE, GR-CCL, RST INELASTIC CAPTURE, RST SIGMA MODE, PROC.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	98		0	98	CALC
SURF	12+1/4	9+5/8		0	1,718	787	0	1,718	CALC
1ST	7+7/8	4+1/2		0	7,842	1,145	3,090	7,842	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	4,767	5,002	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	5,002	7,295	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,295	7,673	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,673		<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: YPrint Name: JOAN_PROULXTitle: REG ADMIN ASSTDate: 10/28/2009Email: 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"/>
2070067	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>					
1948041	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 #1948041. FOUND COMPLETE WELL FILE. SUBMITTED FOR PRIORITY SCANNING. CBL LOG #1299256, SURF. CMT. SUMM. #2537455.	8/23/2011 10:22:16 AM

Total: 1 comment(s)