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:

400248447

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

2. Name of Operator: OXY USA WTP LP

3. Address: P O BOX 27757

   City: HOUSTON State: TX Zip: 77227

4. Contact Name: Joan Proulx

   Phone: (970) 263-3641

   Fax: (970) 263-3694

5. API Number 05-045-20380-00

6. County: GARFIELD

7. Well Name: Cascade Creek   Well Number: 697-05-47B

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

  Footage at surface: Distance: 3013 feet Direction: FNL   Distance: 2303 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.: 3803 feet. Direction: FNL   Dist.: 1161 feet. Direction: FEL

    Sec: 5   Twp: 6S   Rng: 97W

    ** If directional footage at Bottom Hole   Dist.: 3803 feet. Direction: FNL   Dist.: 1161 feet. Direction: FEL

    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) 11/05/2011   13. Date TD: 12/28/2011   14. Date Casing Set or D&A: 12/29/2011

15. Well Classification:

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

16. Total Depth MD 9235 TVD** 9045   17 Plug Back Total Depth MD 9179 TVD** 8989

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	90	4	0	90	CALC
SURF	14+3/4	9+5/8	36	0	2,688	1,331	0	2,688	CALC
1ST	8+3/4	4+1/2	11.6	0	9,215	1,767	2,220	9,215	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/07/2011

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	
			☐	☐	

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: 2/2/2012   Email: joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
Attachment Checklist					
400248449	CMT Summary *	Yes	☒	No	☐
	Core Analysis	Yes	☐	No	☒
400248448	Directional Survey **	Yes	☒	No	☐
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☐	No	☒
	Other	Yes	☐	No	☒
Other Attachments					
400248447	FORM 5 SUBMITTED	Yes	☒	No	☐
400248450	DIRECTIONAL DATA	Yes	☒	No	☐

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)