

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



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Document Number:

400258793

Date Received:

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  
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 05-045-20728-00  
6. County: GARFIELD  
7. Well Name: Cascade Creek  
Well Number: 697-04-82  
8. Location: QtrQtr: NWSW Section: 4 Township: 6S Range: 97W Meridian: 6  
Footage at surface: Distance: 1469 feet Direction: FSL Distance: 1099 feet Direction: FWL  
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.: 147 feet. Direction: FSL Dist.: 982 feet. Direction: FWL  
Sec: 4 Twp: 6S Rng: 97W  
\*\* If directional footage at Bottom Hole Dist.: 156 feet. Direction: FSL Dist.: 936 feet. Direction: FWL  
Sec: 4 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) 12/24/2011 13. Date TD: 14. Date Casing Set or D&A:

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 9410 TVD\*\* 9194 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 8631 KB 8663  
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/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	83	4	0	83	CALC
SURF	14+3/4	9+5/8	36	0	2,322	1,240	0	2,322	CALC

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 12/26/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		142	0	2,322
	SURF		215	0	2,322
	SURF		256	0	2,322
	SURF		138	0	2,322
	SURF		30	0	2,322

Details of work:

Sidetrack plugs:  
 1/22/2012 100' plug set at 4,830' with 75 sxs  
 1/27/2012: KOP plug set at 3,456' with 250 sxs

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

UNPLANNED SIDETRACK: While running the 4.5" production casing a restriction was encountered at 5,200'. The production casing was laid down and three clean-up trips were attempted but were unsuccessful. During the final clean-up trip a DHM failure resulted in the loss of a bit and stator, which were left in the hole. The actual KOP was 3,132'.

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 ?	
<b>Attachment Checklist</b>			
400258801	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400258802	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"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)