

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:

400262483

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

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 05-045-20729-01

6. County: GARFIELD

7. Well Name: Cascade Creek

Well Number: 697-04-76B

8. Location: QtrQtr: NWSW Section: 4 Township: 6S Range: 97W Meridian: 6

Footage at surface: Distance: 1504 feet Direction: FSL Distance: 1139 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.: 674 feet. Direction: FSL Dist.: 2203 feet. Direction: FWL

Sec: 4 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 675 feet. Direction: FSL Dist.: 2327 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) 12/14/2011 13. Date TD: 02/22/2012 14. Date Casing Set or D&A: 02/23/2012

15. Well Classification:

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

16. Total Depth MD 9726 TVD** 9449 17 Plug Back Total Depth MD 9670 TVD** 9393

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:

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	86	4	0	86	CALC
SURF	14+3/4	9+5/8	36	0	2,690	1,240	0	2,690	CALC
1ST	8+3/4	4+1/2	11.6	0	9,468	1,885		9,468	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/17/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF		141	0	2,690
1 INCH	SURF		161	0	2,690
1 INCH	SURF		161	0	2,690
1 INCH	SURF		144	0	2,690
1 INCH	SURF		145	0	2,690

Details of work:

Sidetrack plug: 200' plug set at 4,948'
Sidetrack plug: Balanced plug set from 2,887' - 3,436'

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: This well was drilled to a TD of 9,504'. While running the 4.5" production casing a restriction was encountered at 5,290'. With difficulty, casing was continued to 6,310' but was unable to pass this depth. A reaming assembly was unable to pass 5,227'. Production casing was not set and there is no fish in the hole. Actual KOP was 3,116'.

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 ?			
<u>Attachment Checklist</u>					
400262491	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400262494	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>					
400262495	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group Comment Comment Date

--	--	--

Total: 0 comment(s)