FORM 5	State of Colorado		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

DE	ET	OE	ES

Document Number:

400263907

Date Received:

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 05-045-20376-00

6. County: GARFIELD

7. Well Name: Cascade Creek   Well Number: 697-05-55A

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

Footage at surface: Distance: 3019 feet Direction: FNL   Distance: 2308 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.: 1177 feet. Direction: FSL   Dist.: 1044 feet. Direction: FEL

Sec: 5   Twp: 6S   Rng: 97W

** If directional footage at Bottom Hole   Dist.: 1156 feet. Direction: FSL   Dist.: 1122 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) 11/01/2011 13. Date TD: 01/01/2012 14. Date Casing Set or D&A: 01/02/2012

15. Well Classification:

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

16. Total Depth MD 9285   TVD** 9014   17 Plug Back Total Depth MD 9229   TVD** 8958

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	2,717	1,210	0	2,717	CALC
1ST	8+3/4	4+1/2	11.6	0	9,268	1,779	3,090	9,268	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	
FORT UNION	4,793	6,203	☐	☐	
MESAVERDE	6,203	6,382	☐	☐	
WILLIAMS FORK	6,382	8,617	☐	☐	
CAMEO	8,617	9,015	☐	☐	
ROLLINS	9,015		☐	☐	

Comment:

Subsequent 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: _____   Email: joan_proulx@oxy.com _____

Attachment Check List

Att Doc Num	Document Name	attached ?

Attachment Checklist

	Document Name	Yes	No
	CMT Summary *	Yes ☐	No ☒
	Core Analysis	Yes ☐	No ☒
	Directional Survey **	Yes ☐	No ☒
	DST Analysis	Yes ☐	No ☒
	Logs	Yes ☐	No ☒
	Other	Yes ☐	No ☒

General Comments

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

Total: 0 comment(s)