FORM 5 Rev 02/08	**State of Colorado** **Oil and Gas Conservation Commission** 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109 **DRILLING COMPLETION REPORT**	DE	ET	OE	ES

Document Number: 400292642

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: 05-045-20953-00
6. County: GARFIELD
7. Well Name: Cascade Creek   Well Number: 697-08-02A
8. Location: QtrQtr: NENW   Section: 8   Township: 6S   Range: 97W   Meridian: 6

Footage at surface: Distance: 365 feet Direction: FNL   Distance: 1804 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.: 480 feet. Direction: FNL   Dist.: 153 feet. Direction: FWL

Sec: 8   Twp: 6S   Rng: 97W

** If directional footage at Bottom Hole   Dist.: 480 feet. Direction: FNL   Dist.: 153 feet. Direction: FWL

Sec: 8   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) 04/17/2012   13. Date TD: 05/29/2012   14. Date Casing Set or D&A: 05/29/2012

15. Well Classification:

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

16. Total Depth   MD 8979   TVD** 8721   17 Plug Back Total Depth   MD 8923   TVD** 8665

18. Elevations   GR 8401   KB 8431   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	90	4	0	90	
SURF	14+3/4	9+5/8	36	0	2,675	1,309	0	2,675	
1ST	8+3/4	4+1/2	11.6	0	8,959	1,627		8,959	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		40	0	2,675
	SURF		31	0	2,675
	SURF		37	0	2,675

Details of work:

The number of sacks used in the top-out job is not listed in the post job report, and was provided via email from a Halliburton employee.

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: _____   Email: joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?

Attachment Checklist

Att Doc Num	Document Name	Yes	No
400292669	CMT Summary *	Yes ☒	No ☐
	Core Analysis	Yes ☐	No ☒
400292667	Directional Survey **	Yes ☒	No ☐
	DST Analysis	Yes ☐	No ☒
	Logs	Yes ☐	No ☒
	Other	Yes ☐	No ☒

Other Attachments

Att Doc Num	Document Name	Yes	No
400292670	DIRECTIONAL DATA	Yes ☒	No ☐

General Comments

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

Total: 0 comment(s)