

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



DE ET OE ES

Document Number:

400345956

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 05-045-20966-00

6. County: GARFIELD

7. Well Name: Cascade Creek

Well Number: 697-05-61

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

Footage at surface: Distance: 368 feet Direction: FNL Distance: 1816 feet Direction: FWL

As Drilled Latitude: 39.543680 As Drilled Longitude: -108.246410

GPS Data:

Data of Measurement: 09/04/2012 PDOP Reading: 1.5 GPS Instrument Operator's Name: B Humphrey

** If directional footage at Top of Prod. Zone Dist.: 1650 feet. Direction: FSL Dist.: 2126 feet. Direction: FEL

Sec: 5 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1600 feet. Direction: FSL Dist.: 2272 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) 05/05/2012 13. Date TD: 05/23/2012 14. Date Casing Set or D&A: 05/24/2012

15. Well Classification:

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

16. Total Depth MD 9381 TVD** 8828 17 Plug Back Total Depth MD 9325 TVD** 8772

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:

CBL/CBL-VDL/GR-CCL
RST/Sigma/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	80	4	0	80	CALC
SURF	14+3/4	9+5/8	36	0	2,706	1,320	0	2,706	CALC
1ST	8+3/4	4+1/2	11.6	0	9,361	1,737	2,730	9,361	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	4,897	6,365	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,365	6,606	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,606	8,727	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,727	9,137	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,137		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Subsequent Form 5.
As-built data obtained at the conductor.

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>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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)