

FORM  
5Rev  
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:

400527874

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: 66561

4. Contact Name: Joan Proulx

2. Name of Operator: OXY USA INC

Phone: (970) 263-3641

3. Address: 760 HORIZON DR #101

Fax: (970) 263-3694

City: GRAND JUNCTION State: CO Zip: 81506

5. API Number 05-077-08897-00

6. County: MESA

7. Well Name: HELLS GULCH FEDERAL

Well Number: 26-5

8. Location: QtrQtr: SENW Section: 26 Township: 8S Range: 92W Meridian: 6

Footage at surface: Distance: 1356 feet Direction: FNL Distance: 1391 feet Direction: FWL

As Drilled Latitude: 39.334900 As Drilled Longitude: -107.638550

## GPS Data:

Data of Measurement: 01/08/2008 PDOP Reading: 3.6 GPS Instrument Operator's Name: G Allen

\*\* If directional footage at Top of Prod. Zone Dist.: 1960 feet. Direction: FNL Dist.: 654 feet. Direction: FWL

Sec: 26 Twp: 8S Rng: 92W

\*\* If directional footage at Bottom Hole Dist.: 1978 feet. Direction: FNL Dist.: 648 feet. Direction: FWL

Sec: 26 Twp: 8S Rng: 97W

9. Field Name: ALKALI CREEK

10. Field Number: 1950

11. Federal, Indian or State Lease Number: COC 66918

12. Spud Date: (when the 1st bit hit the dirt) 06/10/2007 13. Date TD: 06/22/2007 14. Date Casing Set or D&amp;A: 06/25/2007

## 15. Well Classification:

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

16. Total Depth MD 7720 TVD\*\* 7632 17 Plug Back Total Depth MD 7664 TVD\*\* 7576

18. Elevations GR 7333 KB 7353

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:

Triple Combo  
CBL

## 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	24+0/0	16+0/0	65	0	40	4	0	40	CALC
SURF	12+1/4	8+5/8	36	0	1,535	460	0	1,535	CALC
1ST	7+7/8	4+1/2	11.6	0	7,720	1,040	3,500	7,720	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	3,290	4,268	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,268	4,539	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,539	6,712	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,712	7,432	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,432		<input type="checkbox"/>	<input type="checkbox"/>	

Comment: \_\_\_\_\_

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"/>
<u>Other Attachments</u>					
400527882	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)