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

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Date Received: 05/21/2012

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
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 05-045-20724-00
6. County: GARFIELD
7. Well Name: Cascade Creek
Well Number: 697-04-59B
8. Location: QtrQtr: NWSW Section: 4 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 1522 feet Direction: FSL Distance: 1140 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.: 2258 feet. Direction: FSL Dist.: 1742 feet. Direction: FWL
Sec: 4 Twp: 6S Rng: 97W
** If directional footage at Bottom Hole Dist.: 2248 feet. Direction: FSL Dist.: 1715 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) 03/26/2012
13. Date TD: 04/28/2012
14. Date Casing Set or D&A: 04/29/2012

15. Well Classification:
☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 9416 TVD** 9331
17 Plug Back Total Depth MD 9360 TVD** 9275

18. Elevations GR 8629 KB 8659

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	73	4	0	73	CALC
SURF	14+3/4	9+5/8	36	0	2,694	1,320	0	2,694	CALC
1ST	8+3/4	4+1/2	11.6	0	9,386	1,800		9,386	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/28/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF		114	0	2,694
	SURF		108	0	2,694
	SURF		154	0	2,694
	SURF		200	0	2,694
	SURF		204	0	2,694
	SURF		83	0	2,694

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	
			☐	☐	

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: 5/21/2012 Email: joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400286883	CMT Summary *	Yes ☒	No ☐
	Core Analysis	Yes ☐	No ☒
400286882	Directional Survey **	Yes ☒	No ☐
	DST Analysis	Yes ☐	No ☒
	Logs	Yes ☐	No ☒
	Other	Yes ☐	No ☒
Other Attachments			
400286878	FORM 5 SUBMITTED	Yes ☒	No ☐
400286884	DIRECTIONAL DATA	Yes ☒	No ☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)