FORM 5

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

E	ET	OE	ES		

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

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.

STATE OF COLORADO	DE	ET	OE	ES	

Document Number: 400080334

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: PO BOX 27757 Fax: (970) 263.3694
City: HOUSTON State: TX Zip: 77227
5. API Number 05-077-09601-00 6. County: MESA
7. Well Name: MCDANIEL Well Number: 14-3C
8. Location: QtrQtr: NENW Section: 14 Township: 9S Range: 94W Meridian: 6
Footage at surface: Direction: FNL Distance: 829 Direction: FWL Distance: 1768
As Drilled Latitude:39.281440 As Drilled Longitude:107.853460
GPS Data:
Data of Measurement: 02/02/2009 PDOP Reading: 1.5 GPS Instrument Operator's Name: Matt Busker
** If directional footage
at Top of Prod. Zone Distance: 1069 Direction: FNL Distance: 2023 Direction: FWL
at Bottom Hole Distance: 1064 Direction: FNL Distance: 2005 Direction: FWL
9. Field Name: BRUSH CREEK 10. Field Number: 7562
11. Federal, Indian or State Lease Number:
12. Spud Date: (when the 1st bit hit the dirt) 07/11/2008 13. Date TD: 07/19/2008 14. Date Casing Set or D&A: 07/22/2008
15. Well Classification:
Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation
16. Total Depth MD 7425 TVD 7411 17 Plug Back Total Depth MD 7369 TVD 7355
18. Elevations GR 7285 KB 7309 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:
Acoustic CBL
20. Casing, Liner and Cement:

			C	CASIN	G				
Casing Type	Size of Hole	Weight Per Fo			oth S	acks Cement	Cement Bottom	Cement Top	
CONDUCTOR	24+0/0	Size of Casing 16+0/0	0		40		3	40	•
SURF	12+1/4	8+5/8	32		1,533		460	1,533	
1ST	7+7/8	4+1/2	11.6		7,418		1,100	7,418	1,010
REMEDIAL CEMENT									
Cement work d	ate:								
Details of work:									
21. Formation	log intervals a	and test zones:							
		<u>FORMATIO</u>	N LOG INTE	ERVA	LS AN	ID TE	ST ZONES	<u>S</u> _	
FORMATION NAME			Measured	Depth	Check if	applie	COMMENTS (All DST and Core Analyses mu		
FORWATION NAIVIE		Top B	ottom	DST	Core	d be submitte	be submitted to COGCC)		
WILLIAMS FORK			4,606	6,849					
			6,849	7,234					
ROLLINS			7,234						
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: 7/28/2010 Email: joan_proulx@oxy.com									
Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved. COGCC Approved: Director of COGCC Date: Date:									
Att Doc Num	Name			Doc Description					
400080334	1.10	SUBMITTED			334.pdf				

PXP_MCDANIEL_FED_14_3C_MAIN_PASS.las

McDaniel 14-3C.las

PXP_MCDANIEL_FED_14_3C_REPEAT_PASS.las

400080349 LAS-CEMENT BOND
Total Attach: 4 Files

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LAS-TRIPLE COMBINATION

LAS-TRIPLE COMBINATION