

FORM  
5  
Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

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



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

400164645

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 05-045-18126-00 6. County: GARFIELD  
7. Well Name: Cascade Creek Well Number: 697-05-78B  
8. Location: QtrQtr: NENE Section: 8 Township: 6S Range: 97W Meridian: 6  
Footage at surface: Distance: 987 feet Direction: FNL Distance: 1128 feet Direction: FEL  
As Drilled Latitude: 39.541990 As Drilled Longitude: -108.238150

GPS Data:

Data of Measurement: 08/03/2010 PDOP Reading: 2.3 GPS Instrument Operator's Name: R. Rennke

\*\* If directional footage

at Top of Prod. Zone Distance: 43 feet Direction: FSL Distance: 1736 feet Direction: FEL  
Sec: 5 Twp: 6S Rng: 97W  
at Bottom Hole Distance: 43 feet Direction: FSL Distance: 1736 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) 03/24/2011 13. Date TD: 03/29/2011 14. Date Casing Set or D&A: 03/30/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8980 TVD 8841 17 Plug Back Total Depth MD 8924 TVD 8785

18. Elevations GR 8407 KB 8437

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             | 120           | 4         | 0       | 120     | CALC   |
| SURF        | 14+3/4       | 9+5/8          | 36    | 0             | 2,713         | 985       | 0       | 2,713   | CALC   |
| 1ST         | 8+3/4        | 4+1/2          | 11.6  | 0             | 8,958         | 1,745     |         | 8,958   |        |

ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
|             | SURF   |                                   | 205           | 0          | 2,713         |

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                    |   |
|                |                |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

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

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

| Att Doc Num | Name               |
|-------------|--------------------|
| 400164646   | CEMENT JOB SUMMARY |
| 400164647   | DIRECTIONAL SURVEY |

Total Attach: 2 Files

**General Comments**

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)