

State of Colo  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



## SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

RECEIVED

DEC 13 2010

COGCC/Rifle Office

Complete the Attachment  
Checklist

OP OGCC

1. OGCC Operator Number: 66571  
2. Name of Operator: OXY USA WTP LP, Attn: Glenda Jones  
3. Address: P.O. Box 27757  
City: Houston State: TX Zip 77227-7757  
4. Contact Name: Joan Proulx  
Phone: 970-263-3641  
Fax: 970-263-3694  
5. API Number 05-045-18135-00 OGCC Facility ID Number  
6. Well/Facility Name: Cascade Creek 7. Well/Facility Number 697-09-56A  
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSE 9 6S 97W 6 PM  
9. County: Garfield 10. Field Name: Grand Valley  
11. Federal, Indian or State Lease Number: N/A

Survey Plat		
Directional Survey		
Surface Eqpm Diagram		
Technical Info Page	X	
Other		

## General Notice

☐ CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines:

Change of Surface Footage to Exterior Section Lines:

Change of Bottomhole Footage from Exterior Section Lines:

Change of Bottomhole Footage to Exterior Section Lines:

Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer

Latitude

Distance to nearest property line

Distance to nearest bldg, public rd, utility or RR

Longitude

Distance to nearest lease line

Is location in a High Density Area (rule 603b)?

Yes/No

Ground Elevation

Distance to nearest well same formation

Surface owner consultation date:

attach directional survey

## GPS DATA:

Date of Measurement PDOP Reading Instrument Operator's Name

☐ CHANGE SPACING UNIT

Formation

Formation Code

Spacing order number

Unit Acreage

Unit configuration

☐ Remove from surface bond

Signed surface use agreement attached

☐ CHANGE OF OPERATOR (prior to drilling):

Effective Date:

Plugging Bond:

☐ Blanket☐ Individual☐ CHANGE WELL NAME

NUMBER

From:

To:

Effective Date:

☐ ABANDONED LOCATION:

Was location ever built?

☐ Yes☐ No

Is site ready for inspection?

☐ Yes☐ No

Date Ready for Inspection:

☐ NOTICE OF CONTINUED SHUT IN STATUS

Date well shut in or temporarily abandoned:

Has Production Equipment been removed from site?

☐ Yes☐ No

MIT required if shut in longer than two years. Date of last MIT

☐ SPUD DATE:☐ REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)☐ SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK

\*submit cbl and cement job summaries

Method used

Cementing tool setting/perf depth

Cement volume

Cement top

Cement bottom

Date

☐ RECLAMATION:

Attach technical page describing final reclamation procedures per Rule 1004.

Final reclamation will commence on approximately

☐ Final reclamation is completed and site is ready for inspection.

## Technical Engineering/Environmental Notice

☐ Notice of Intent

Approximate Start Date:

☐ Report of Work Done

Date Work Completed:

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

☐ Intent to Recomplete (submit form 2)☐ Request to Vent or Flare☐ E&P Waste Disposal☒ Change Drilling Plans☐ Repair Well☐ Beneficial Reuse of E&P Waste☐ Gross Interval Changed?☐ Rule 502 variance requested☐ Status Update/Change of Remediation Plans☐ Casing/Cementing Program Change☐ Other:

for Spills and Releases

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed:

Date: 12/9/10

Email:

joan\_proulx@oxy.com

Print Name:

Joan Proulx

Title:

Regulatory Analyst

COGCC Approved:

Title

EIT 3

Date:

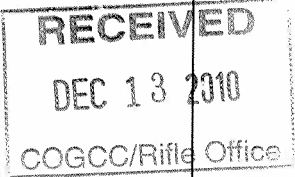
12/13/2010

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY



1. OGCC Operator Number:	66571	API Number:	05-045-18135-00
2. Name of Operator:	OXY USA WTP LP	OGCC Facility ID #	
3. Well/Facility Name:	Cascade Creek	Well/Facility Number:	697-09-56A
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	NWSE 9 6S 97W 6 PM		

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

The originally permitted MD on the 697-09-56A well was 9173'. The new MD will be 9269', a difference of 96'. The objective formation to be completed will not change as a result of the increase in MD.