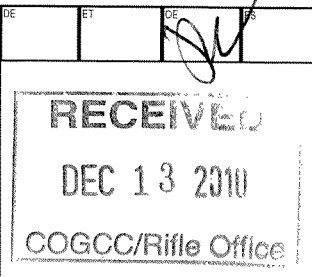




SUNDRY NOTICE

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.)



1. OGCC Operator Number: 66571	4. Contact Name: Joan Proulx	Complete the Attachment Checklist  OP OGCC
2. Name of Operator: OXY USA WTP LP, Attn: Glenda Jones	Phone: 970-263-3641	
3. Address: P.O. Box 27757 City: Houston State: TX Zip: 77227-7757	Fax: 970-263-3694	
5. API Number: 05-045-18132-00	OGCC Facility ID Number:	Survey Plat
6. Well/Facility Name: Cascade Creek	7. Well/Facility Number: 697-09-48B	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWSE 9 6S 97W 6 PM		Surface Eqpmt Diagram
9. County: Garfield	10. Field Name: Grand Valley	Technical Info Page X
11. Federal, Indian or State Lease Number: N/A		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 <b>Surface</b> Footage <b>from</b> Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of <b>Surface</b> Footage <b>to</b> Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of <b>Bottomhole</b> Footage <b>from</b> Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of <b>Bottomhole</b> Footage <b>to</b> Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.)

<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input checked="" type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> 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: Joan Proulx Date: 12/9/10 Email: joan\_proulx@oxy.com  
Print Name: Joan Proulx Title: Regulatory Analyst

COGCC Approved: [Signature] Title: EIT3 Date: 12/13/2010  
CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED  
DEC 13 2010

OGCC/Rifle Office

1. OGCC Operator Number: 66571 API Number: 05-045-18132-00  
2. Name of Operator: OXY USA WTP LP OGCC Facility ID #  
3. Well/Facility Name: Cascade Creek Well/Facility Number: 697-09-48B  
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 697-09-48B well was 9134'. The new MD will be 9222', a difference of 88'. The objective formations to be completed will not change as a result of the increase in MD.