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Oil and Gas Cc
1120 Lincoln Street, Suite 801, Denver,



SUNDRY NOTICE

RECEIVED
DEC 13 2010
COGCC/Rifle Office

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: 05-045-18140-00	OGCC Facility ID Number:	Survey Plat
6. Well/Facility Name: Cascade Creek	7. Well/Facility Number: 697-09-35B	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 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

Longitude

Ground Elevation

Distance to nearest property line

Distance to nearest bldg, public rd, utility or RR

Distance to nearest lease line

Is location in a High Density Area (rule 603b)? Yes/No

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
From:
To:
Effective Date:

NUMBER

☐ 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
Method used Cementing tool setting/perf depth Cement volume Cement top Cement bottom Date
*submit cbl and cement job summaries

☐ 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:

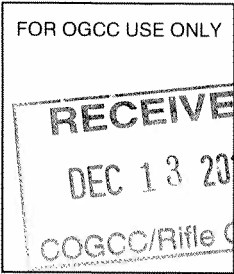
for Spills and Releases

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

Signed: Joan Proulx 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



1. OGCC Operator Number:	66571	API Number:	05-045-18140-00
2. Name of Operator:	OXY USA WTP LP	OGCC Facility ID #	
3. Well/Facility Name:	Cascade Creek	Well/Facility Number:	697-09-35B
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 697-09-35B well was 9075'. The new MD will be 9148', a difference of 73'. The objective formation to be completed will not change as a result of the increase in MD.