

St Oil and Gas Co



1120 Lincoln Street, Suite 801, Denver, CO 80202 Phone: (303)894-2100 Fax: (303)894-2109

RECEIVED DEC 13 2010 COGCC/Rifle Office

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
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: 05-045-18140-00
6. Well/Facility Name: Cascade Creek
7. Well/Facility Number: 697-09-35B
8. Location (Qtr/Qtr, 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

Table with 2 columns: Survey Plat, Directional Survey, Surface Eqpmt Diagram, Technical Info Page, Other. Includes checkboxes and 'X' marks.

General Notice

CHANGE OF LOCATION: Attach New Survey Plat
CHANGE SPACING UNIT
CHANGE OPERATOR (prior to drilling)
CHANGE WELL NAME
ABANDONED LOCATION
NOTICE OF CONTINUED SHUT IN STATUS
SPUD DATE
REQUEST FOR CONFIDENTIAL STATUS
SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK
RECLAMATION

Technical Engineering/Environmental Notice

Notice of Intent
Report of Work Done
Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)
Intent to Recomplete (submit form 2)
Change Drilling Plans
Gross Interval Changed?
Casing/Cementing Program Change
Request to Vent or Flare
Repair Well
Rule 502 variance requested
Other:
E&P Waste Disposal
Beneficial Reuse of E&P Waste
Status Update/Change of Remediation Plans 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: EIT 3 Date: 12/13/2010

CONDITIONS OF APPROVAL, IF ANY:

FORM  
4  
Rev 12/05

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

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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.