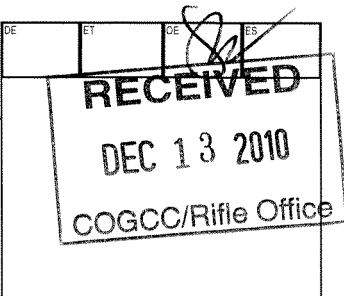




1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax:(303)894-2109

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.)



1. OGCC Operator Number: 66571	4. Contact Name: Joan Proulx
2. Name of Operator: OXY USA WTP LP, Attn: Glenda Jones	Phone: 970-263-3641
3. Address: P.O. Box 27757	Fax: 970-263-3694
City: Houston State: TX Zip: 77227-7757	
5. API Number: 05-045-18138-00	OGCC Facility ID Number:
6. Well/Facility Name: Cascade Creek	7. Well/Facility Number: 697-09-29A
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	

Complete the Attachment Checklist
OP OGCC

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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to 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: _____

GPS DATA:

Date of Measurement: _____ PDOP Reading: _____ Instrument Operator's Name: _____

<input type="checkbox"/> CHANGE SPACING UNIT	<input type="checkbox"/> Remove from surface bond
Formation: _____ Formation Code: _____ Spacing order number: _____ Unit Acreage: _____ Unit configuration: _____	Signed surface use agreement attached: _____

<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): Effective Date: _____ Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	<input type="checkbox"/> CHANGE WELL NAME NUMBER From: _____ To: _____ Effective Date: _____
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------

<input type="checkbox"/> ABANDONED LOCATION: Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for Inspection: _____	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS Date well shut in or temporarily abandoned: _____ Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No MIT required if shut in longer than two years. Date of last MIT: _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<input type="checkbox"/> SPUD DATE: _____	<input type="checkbox"/> 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

<input type="checkbox"/> Notice of Intent Approximate Start Date: _____	<input type="checkbox"/> 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: EIT 3 Date: 12/13/2010

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

DEC 13 2010

COGCC/Rifle Office

1. OGCC Operator Number:	66571	API Number:	05-045-18138-00
2. Name of Operator:	OXY USA WTP LP	OGCC Facility ID #	
3. Well/Facility Name:	Cascade Creek	Well/Facility Number:	697-09-29A
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 697-09-29A well was 9126'. The new MD will be 9161', a difference of 35'. The objective formation to be completed will not change as a result of the increase in MD.