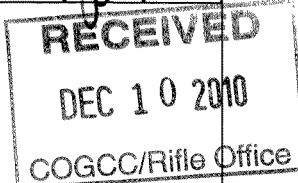




SUNDRY NOTICE

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 05-045-19500-00	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: Cascade Creek	7. Well/Facility Number 697-10-42C	Directional Survey
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW 15 6S 97W 6 PM		Surface Eqpmnt 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 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: Joan Proulx Date: 12/17/10 Email: joan_proulx@oxy.com
Print Name: Joan Proulx Title: Regulatory Analyst

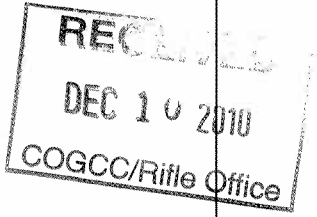
COGCC Approved: [Signature] Title EIT 3 Date: 12/14/10

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY



1. OGCC Operator Number:	66571	API Number:	05-045-19500-00
2. Name of Operator:	OXY USA WTP LP	OGCC Facility ID #	
3. Well/Facility Name:	Cascade Creek	Well/Facility Number:	697-10-42C
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	NWNW 15 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 permitted MD for the 697-10-42C well was 9161' and the actual MD is 9210', a difference of 49'. The objective formation to be completed has not changed due to the increased depth.