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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: 05-045-18024-00	OGCC Facility ID Number
6. Well/Facility Name: Cascade Creek	7. Well/Facility Number: 697-15-03B
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW 15 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 <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: \_\_\_\_\_

GPS DATA:

Date of Measurement \_\_\_\_\_ PDOP Reading \_\_\_\_\_ Instrument Operator's Name \_\_\_\_\_

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

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

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

<input type="checkbox"/> <b>SPUD DATE:</b> _____	<input type="checkbox"/> <b>REQUEST FOR CONFIDENTIAL STATUS</b> (6 mos from date casing set)
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☐ **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"/> <b>Notice of Intent</b>	<input type="checkbox"/> <b>Report of Work Done</b>
Approximate Start Date: _____	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 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 checked="" 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: 12/10/10 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:

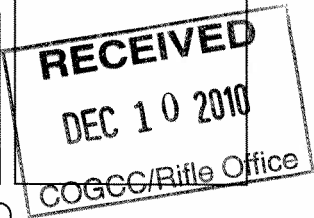
TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number:	66571	API Number:	05-045-18024-00
2. Name of Operator:	OXY USA WTP LP	OGCC Facility ID #	
3. Well/Facility Name:	Cascade Creek	Well/Facility Number:	697-15-03B
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 697-15-03B well was 9003' and the actual MD is 9130', a difference of 127'. The objective formation to be completed has not changed due to the increased depth.