

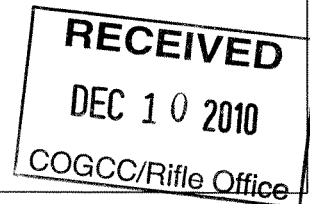


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SUNDRY NOTICE

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.)



Complete the Attachment Checklist

OP OGCC

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 05-045-18027-00	OGCC Facility ID Number
6. Well/Facility Name: Cascade Creek	7. Well/Facility Number 697-15-19A
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	

Survey Plat	
Directional Survey	
Surface Eqpmt Diagram	
Technical Info Page	X
Other	

General Notice

<input type="checkbox"/> 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"/> FNL/FSL <input type="checkbox"/> FEL/FWL
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/> attach directional survey
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 <input type="checkbox"/>
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):	<input type="checkbox"/> CHANGE WELL NAME NUMBER
Effective Date: _____	From: _____
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	To: _____
	Effective Date: _____
<input type="checkbox"/> ABANDONED LOCATION:	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS
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"/> SPUD DATE: _____	<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)
<input type="checkbox"/> 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 _____
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.	
Final reclamation will commence on approximately _____ <input type="checkbox"/> Final reclamation is completed and site is ready for inspection.	

Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Report of Work Done	
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
Print Name: Joan Proulx

Date: 12/15/10 Email: joan_proulx@oxy.com
Title: Regulatory Analyst

COGCC Approved: [Signature]

Title: ERT3

Date: 12/14/10

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

- | | |
|--|----------------------------------|
| 1. OGCC Operator Number: 66571 | API Number: 05-045-18027-00 |
| 2. Name of Operator: OXY USA WTP LP | OGCC Facility ID # |
| 3. Well/Facility Name: Cascade Creek | Well/Facility Number: 697-15-19A |
| 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): | NWNW 15 6S 97W 6 PM |

RECEIVED

DEC 10 2010

OGCC/Rifle Office

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 surface casing depth for the 697-15-19A well was 2700' and the actual depth is 2464', a difference of 236'. The objective formation to be completed has not changed due to the decreased depth.