



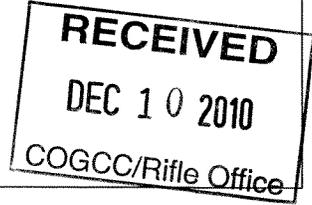
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SUNDRY NOTICE

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.)



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 05-045-18027-00 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

Complete the Attachment Checklist

OP OGCC

Table with 4 columns: Survey Plat, Directional Survey, Surface Eqpmt Diagram, Technical Info Page, Other. Technical Info Page has an 'X' in the second column.

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:

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
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
Method used Cementing tool setting/perf depth Cement volume Cement top Cement bottom Date
*submit cbl and cement job summaries

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
[X] 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: 12/10/10 Email: joan_proulx@oxy.com
Print Name: Joan Proulx Title: Regulatory Analyst

COGCC Approved: Title: EIT3 Date: 12/14/10
CONDITIONS OF APPROVAL, IF ANY:

FORM
4
Rev 12/05

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

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

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.