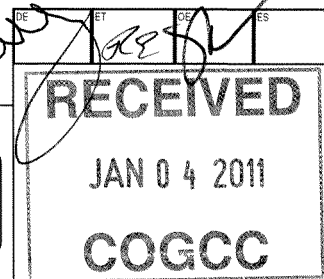


State of Colorado  
Oil and Gas Conservation Commission

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 <sup>x</sup>	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 City: Houston State: TX Zip 77227-7757	Fax: 970-263-3694
5. API Number 05-045-07810-00	OGCC Facility ID Number
6. Well/Facility Name: Cascade Creek <sup>x</sup>	7. Well/Facility Number 617-41 <sup>x</sup>
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENE 17 6S 97W 6 PM <sup>x</sup>	
9. County: Garfield <sup>x</sup>	10. Field Name: Grand Valley <sup>x</sup>
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	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 from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of <b>Surface</b> Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of <b>Bottomhole</b> Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of <b>Bottomhole</b> 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"/> <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: 12/28/2010
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 checked="" 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)
--	--

<input type="checkbox"/> <b>SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK</b>	*submit cbl and cement job summaries
Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____	

<input type="checkbox"/> <b>RECLAMATION:</b> 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"/> <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 checked="" 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: 12/30/2010 Email: joan\_proulx@oxy.com  
Print Name: Joan Proulx Title: Regulatory Analyst

COGCC Approved: [Signature] Title: EIT3 Date: 1/18/11

CONDITIONS OF APPROVAL, IF ANY:

FORM

4

Rev 12/05

## TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

JAN 04 2011

COGCC

1. OGCC Operator Number: 66571 API Number: 05-045-07810-00
2. Name of Operator: OXY USA WTP LP OGCC Facility ID #
3. Well/Facility Name: Cascade Creek Well/Facility Number: 617-41
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENE 17 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**

During the rigging-up process on 12/28/2010 on the Cascade Creek 617-41 well, it was discovered that the tubing had parted. Because of the upcoming remote frac operations from this pad, it was decided that the 617-41 well will be temporarily abandoned, and we will return to the well post-frac operations to repair it.

The 617-41 well was TA'd with a bridge plug set at 2692' to seal the wellbore, and the wellbore was filled with KCl water. Production equipment was not removed from the location.

When the frac'ing operations for the 609-14 pad have been completed, the following procedure will be completed to repair the well and return it to production:

- Conduct safety meeting using JSA's
- MIRU PU w/pump & tank
- Load 200 bbls of prod water for kill and service operations, if needed
- Check & verify SICP. Contact engineer if more than 25 psig.
- Set tbg plug, ND WH, NU BOP's, test to 5000 psig & pull tbg plug
- POOH w/tbg. Break out bad joints. Record tubing condition.
- PU bit & scraper.
- RU N2 foam unit.
- Commence stage circulation while TIH. RIH scraping perfs and clean out to PBTD (8430').  
Circulate 2x bottoms up at PBTD.
- POOH. LD bit & scraper.
- PU "F" nipple and RIH. Land tbg tail at 7814'. (2/3rds through perf interval).
- ND BOP & NU Prod tree. RDMOPU.
- Turn well over to production or to flowback for clean-up & testing, if needed. If necessary, jet well with N2 to restore production.
- RTP & report in Open Wells. Clean location.