

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: 66571X
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: 05-045-17603-00
6. Well/Facility Name: Cascade Creek
7. Well/Facility Number: 697-16-42B
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWSW 16 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 2 columns: Attachment Name, Status. Rows include Survey Plat, Directional Survey, Surface Eqmpt Diagram, Technical Info Page, Other.

General Notice

CHANGE OF LOCATION: Attach New Survey Plat
CHANGE SPACING UNIT
CHANGE OF OPERATOR (prior to drilling)
CHANGE WELL NAME
ABANDONED LOCATION
NOTICE OF CONTINUED SHUT IN STATUS
SPUD DATE
REQUEST FOR CONFIDENTIAL STATUS
SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK
RECLAMATION

Technical Engineering/Environmental Notice

Notice of Intent
Report of Work Done

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

Intent to Recomplete (submit form 2)
Change Drilling Plans
Gross Interval Changed?
Casing/Cementing Program Change
Request to Vent or Flare
Repair Well
Rule 502 variance requested
Other:
E&P Waste Disposal
Beneficial Reuse of E&P Waste
Status Update/Change of Remediation Plans 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: 11/30/2010 Email: joan_proulx@oxy.com
Print Name: Joan Proulx Title: Regulatory Analyst

COGCC Approved: [Signature] Title: EIT 3 Date: 1/18/11

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED
DEC 13 2010
COGCC

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- 2. Name of Operator: OXY USA WTP LP OGCC Facility ID # _____
- 3. Well/Facility Name: Cascade Creek Well/Facility Number: 697-16-42B
- 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSW 16 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 697-16-42B well was originally permitted to an MD of 8453' in the WMFK formation, spacing order 510-15.

The actual total MD is at 8686', an increase of 233', which did not change the objective formation.