

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



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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* 4. Contact Name: Joan Proulx
2. Name of Operator: OXY USA WTP LP, Attn: Glenda Jones
3. Address: P.O. Box 27757 City: Houston State: TX Zip 77227-7757
5. API Number 05-045-17605-00 OGCC Facility ID Number
6. Well/Facility Name: Cascade Creek* 7. Well/Facility Number 697-16-27A*
8. Location (QtrQtr, 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: Survey Plat, Directional Survey, Surface Eqpmt Diagram, Technical Info Page, 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 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, Longitude, Ground Elevation
Distance to nearest property line, lease line, well same formation
Distance to nearest bldg, public rd, utility or RR
Is location in a High Density Area (rule 603b)? Yes/No
Surface owner consultation date:
attach directional survey

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, NUMBER

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)
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: Title EIT 3 Date 1/20/11
CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



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COGCC

1. OGCC Operator Number: 66571	API Number: 05-045-17605-00
2. Name of Operator: OXY USA WTP LP	OGCC Facility ID #
3. Well/Facility Name: Cascade Creek	Well/Facility Number: 697-16-27A
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 697-16-27A well was originally permitted to an MD of 8714' in the WMFK formation, spacing order 510-15.
The actual total MD is at 8813', an increase of 99', which did not change the objective formation.