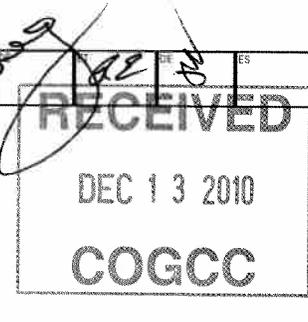


State of Colorado Oil and Gas Conservation Commission

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: 66571X 4. Contact Name: Joan Proulx
2. Name of Operator: OXY USA WTP LP, Attn: Glenda Jones
3. Address: P.O. Box 27757, Houston TX 77227-7757
5. API Number: 05-045-18059-00X OGCC Facility ID Number
6. Well/Facility Name: Cascade CreekX 7. Well/Facility Number: 697-16-17AX
8. Location: NWSW 16 6S 97W 6 PMX
9. County: GarfieldX 10. Field Name: Grand ValleyX
11. Federal, Indian or State Lease Number: N/A

Complete the Attachment Checklist

OP OGCC

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)
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: Attach technical page describing final reclamation procedures per Rule 1004.

Technical Engineering/Environmental Notice

Notice of Intent
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.)

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

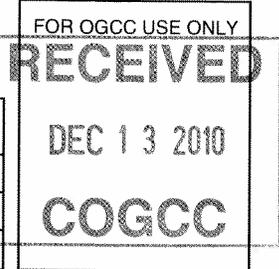
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

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: 1/20/11

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



| | |
|--|----------------------------------|
| 1. OGCC Operator Number: 66571 | API Number: 05-045-18059-00 |
| 2. Name of Operator: OXY USA WTP LP | OGCC Facility ID # |
| 3. Well/Facility Name: Cascade Creek | Well/Facility Number: 697-16-17A |
| 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 697-16-17A well was originally permitted to an MD of 8736' in the WMFK formation, spacing order 510-15. The actual total MD is at 8781', an increase of 45', which did not change the objective formation.