

State of Colorado
Oil and Gas Conservation

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 263-3641



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

Complete the Attachment
Checklist

OP OGCC

5. API Number 05-045-20104-00 OGCC Facility ID Number
6. Well/Facility Name: Cascade Creek 7. Well/Facility Number 697-08-58C
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWSE 8 6S 97W 6 PM
9. County: Garfield 10. Field Name: Grand Valley
11. Federal, Indian or State Lease Number: N/A

Survey Plat	
Directional Survey	
Surface Equip Diagram	
Technical Info Page	X
Other	

RECEIVED
JAN 19 2011
COGCC/Rifle Office

General Notice

☐ CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)

	FNL/FSL	FEL/FWL
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 NUMBER
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 *submit cbl and cement job summaries

Method used	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom	Date

☐ 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: 05/01/2011

☐ Report of Work Done
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 checked="" type="checkbox"/> Change Drilling Plans	<input 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.

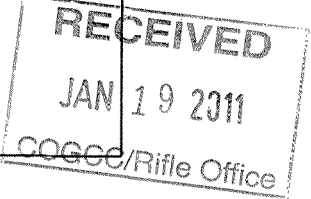
Signed: Date: 01/19/2011 Email: joen_proulx@oxy.com
Print Name: Joan Proulx Title: Regulatory Analyst

COGCC Approved: Title: EIT3 Date: 1/24/11
CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY



1. OGCC Operator Number: 66571 API Number: 05-045-20104-00
2. Name of Operator: OXY USA WTP LP OGCC Facility ID #
3. Well/Facility Name: Cascade Creek Well/Facility Number: 697-08-58C
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSE 8 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 Cascade Creek 697-08-58C well was originally permitted to an MD of 9222'.
The new MD will be 9400'.
There will be no change to the objective formations due to the increase in MD.