

State of Colorado

Oil and Gas Conservation Commission

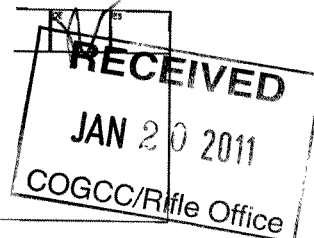
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



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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	Complete the Attachment Checklist OP OGCC
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: 05-045-18138-00	OGCC Facility ID Number:	Survey Plat
6. Well/Facility Name: Cascade Creek	7. Well/Facility Number: 697-09-29A	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWSE 9 6S 97W 6 PM		Surface Expt Diagram
9. County: Garfield	10. Field Name: Grand Valley	Technical Info Page
11. Federal, Indian or State Lease Number: N/A		Other

General Notice

<input type="checkbox"/> 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:	<input type="checkbox"/> FNU/FSL <input type="checkbox"/> FEU/FWL
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer	<input type="checkbox"/> attach directional survey
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"/> CHANGE SPACING UNIT Formation: _____ Formation Code: _____ Spacing order number: _____ Unit Acreage: _____ Unit configuration: _____	<input type="checkbox"/> Remove from surface bond Signed surface use agreement attached
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): Effective Date: _____ Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	<input type="checkbox"/> CHANGE WELL NAME NUMBER From: _____ To: _____ Effective Date: _____
<input type="checkbox"/> ABANDONED LOCATION: Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for inspection: _____	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS Date well shut in or temporarily abandoned: _____ Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No MIT required if shut in longer than two years. Date of last MIT: _____
<input type="checkbox"/> SPUD DATE: _____	<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)
<input type="checkbox"/> 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: _____	
<input type="checkbox"/> RECLAMATION: 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 checked="" type="checkbox"/> Notice of Intent Approximate Start Date: 2/4/2011	<input type="checkbox"/> 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: Joan Proulx Date: 1/20/2011 Email: joan_proulx@oxy.com
Print Name: Joan Proulx Title: Regulatory Analyst

COGCC Approved: [Signature]Title: EIT3Date: 1/25/11

CONDITIONS OF APPROVAL IF ANY:

TECHNICAL INFORMATION PAGE



1. OGCC Operator Number: 66571 API Number: 05-045-18138-00
2. Name of Operator: OXY USA WTP LP OGCC Facility ID #
3. Well/Facility Name: Cascade Creek Well/Facility Number: 697-09-29A
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSE 9 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 697-09-29A was originally permitted to an MD of 9126'.
A form 4 was submitted 12/9/2010 to increase the MD to 9161'. The MD will now be increased to 9300'.
There will be no change to the objective formations due to the increase in MD.

