

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.)

SUNDRY NOTICE

| | | | |
|--|--------------------------------------|--------------------------------------|---------|
| 1. OGCC Operator Number: 66571 | 4. Contact Name Daniel L. Padilla | Complete the Attachment Checklist | OP OGCC |
| 2. Name of Operator: OXY USA WTP LP | Phone: (970) 263-3637 | | |
| 3. Address: 760 Horizon Drive | Fax: (970) 263-3694 | | |
| City: Grand Junction State: CO Zip: 81506 | | | |
| 5. API Number 05- 045-17585 | OGCC Facility ID Number | Survey Plat | |
| 6. Well/Facility Name: Shell | 7. Well/Facility Number 697-34-14A | Directional Survey | |
| 8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNE, Sec 3, T7S, R97W, 6th PM | 10. Field Name: Grand Valley | Surface Eqpmt Diagram | |
| 9. County: Garfield | | Technical Info Page | X |
| 11. Federal, Indian or State Lease Number: | | Other | |

General Notice

| <div> <input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit) </div> | | FNL/FSL FEL/FWL | |
|---|-------------|---------------------------|-------------|
| Change of Surface Footage from Exterior Section Lines: | <div></div> | <div></div> | <div></div> |
| Change of Surface Footage to Exterior Section Lines: | <div></div> | <div></div> | <div></div> |
| Change of Bottomhole Footage from Exterior Section Lines: | <div></div> | <div></div> | <div></div> |
| Change of Bottomhole Footage to Exterior Section Lines: | <div></div> | <div></div> | <div></div> |

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: _____

attach directional survey

GPS DATA:

| | | |
|---------------------|--------------|----------------------------|
| Date of Measurement | PPOP Reading | Instrument Operator's Name |
| _____ | _____ | _____ |

| CHANGE SPACING UNIT | | | | | <input type="checkbox"/> Remove from surface bond |
|---------------------|----------------|----------------------|--------------|--------------------|---|
| Formation | Formation Code | Spacing order number | Unit Acreage | Unit configuration | Signed surface use agreement attached |
| | | | | | |

| CHANGE OF OPERATOR (prior to drilling): | | CHANGE WELL NAME | NUMBER |
|--|--|-----------------------|--------|
| <input type="checkbox"/> Effective Date: | | From: _____ | _____ |
| <input type="checkbox"/> Plugging Bond: | <input type="checkbox"/> Blanket <input type="checkbox"/> Individual | 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) |
|---|---|

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 ☐ Report of Work Done
 Approximate Start Date: _____ Date Work Completed: _____


| | | | |
|---|--|--|---|
| Intent to Recomplete (submit form 2) <input type="checkbox"/> | | Request to Vent or Flare <input type="checkbox"/> | E&P Waste Disposal <input type="checkbox"/> |
| Change Drilling Plans <input type="checkbox"/> | Repair Well <input checked="" 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 for Spills and Releases <input type="checkbox"/> | |
| Casing/Cementing Program Change <input type="checkbox"/> | Other: <input type="checkbox"/> | | |

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

Signed:  Date: 10/26/18 Email: daniel_padilla@oxy.com

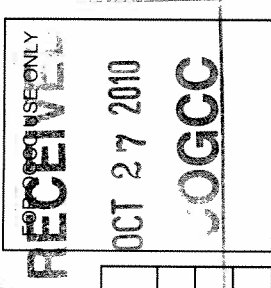
Print Name: Daniel I. Padilla

Title: Regulatory Advisor

COGCC Approved:  Title: EIT 3 Date: 3/22/11

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



| | | | |
|--|---------------------------------|-----------------------|--------------|
| 1. OGCC Operator Number: | 66571 | API Number: | 05-045-17585 |
| 2. Name of Operator: | OXY USA WTP LP | OGCC Facility ID # | |
| 3. Well/Facility Name: | Shell | Well/Facility Number: | 697-34-14A |
| 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): | NWNNE, Sec 3, T7S, R97W, 6th 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

OXY USA WTP LP (Oxy) is submitting this sundry to notify the COGCC that Oxy has shut-in the well while new drilling operations occur on the pad. This well had been previously operated on a continuous vent due to collar issues that created bradenhead pressuring within the well. Therefore, Oxy has temporarily shut-in this well to ensure safety of all personnel working on the well pad.

The well has a pressure transducer connected to Oxy's scada system for continuous pressure monitoring. This well is also equipped with a glass faced 3,000 pound manual read gauge to ensure accurate and continuous monitoring of the bradenhead pressure. The blowdown piping will remain in place to ensure that pressures identified within the bradenhead will be safely vented off, as needed.

Once drilling operations have completed, Oxy intends to recompete this well to ensure integrity of the well and repair the bradenhead issue. When the well has been recompleted, Oxy will retest the well to ensure the bradenhead pressure is within reasonable pressures. Outlined below are Oxy's proposed activities to recomplete the well:

- 1) Pull the well;
- 2) Set the composite bridge plug ~200' below the existing cement top and test the casing to 1,500 psig for 15 minutes;
- 3) Perforate ~200' above the existing cement top and set a cement retainer;
- 4) Sting into cement retainer with tubing;
- 5) Establish injection through the tubing and pump cement to the surface, if possible;
- 6) Clean-out the well, run cement integrity log and return the well to production.

Please contact Oxy if you have any questions, comments, or require additional information.