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Document Number:
 400232617
 PluggingBond SuretyID
 20060137

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL
 OIL GAS COALBED OTHER _____
 SINGLE ZONE MULTIPLE COMMINGLE

Refiling
 Sidetrack

3. Name of Operator: OXY USA WTP LP 4. COGCC Operator Number: 66571
 5. Address: P O BOX 27757
 City: HOUSTON State: TX Zip: 77227
 6. Contact Name: Joan Proulx Phone: (970)263.3641 Fax: (970)263.3694
 Email: joan_proulx@oxy.com
 7. Well Name: Cascade Creek Well Number: 697-17-04B
 8. Unit Name (if appl): _____ Unit Number: _____
 9. Proposed Total Measured Depth: 8812

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 17 Twp: 6S Rng: 97W Meridian: 6
 Latitude: 39.525800 Longitude: -108.245400
 Footage at Surface: 1596 feet FNL/FSL FNL 2102 feet FEL/FWL FWL
 11. Field Name: Grand Valley Field Number: 31290
 12. Ground Elevation: 8203 13. County: GARFIELD

14. GPS Data:
 Date of Measurement: 11/18/2010 PDOP Reading: 2.3 Instrument Operator's Name: D Murrey

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: FNL/FSL 478 FNL 2479 FWL 478 FNL 2479 FWL
 Bottom Hole: FNL/FSL 478 FNL 2479 FWL
 Sec: 17 Twp: 6S Rng: 97W Sec: 17 Twp: 6S Rng: 97W

16. Is location in a high density area? (Rule 603b)? Yes No
 17. Distance to the nearest building, public road, above ground utility or railroad: 20169 ft
 18. Distance to nearest property line: 2484 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 330 ft

LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
Iles	ILES	510-48		
Williams Fork	WMFK	510-15		

21. Mineral Ownership: Fee State Federal Indian Lease #: _____
 22. Surface Ownership: Fee State Federal Indian
 23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#: _____
 23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No

23b. If 23 is No: Surface Owners Agreement Attached or \$25,000 Blanket Surface Bond \$2,000 Surface Bond \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):

See attached Mineral Lease Description

25. Distance to Nearest Mineral Lease Line: 2448 ft 26. Total Acres in Lease: 9640

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? Yes No

31. Mud disposal: Offsite Onsite

If 28, 29, or 30 are "Yes" a pit permit may be required.

Method: Land Farming Land Spreading Disposal Facility Other: _____

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
CONDUCTOR	20+0/0	16+0/0	65	0	90	4	90	0
SURF	14+3/4	9+5/8	36	0	2,690	1,420	2,690	0
1ST	8+3/4	4+1/2	11.6	0	8,802	1,835	8,802	5,299

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments Oxy is both the surface and mineral owner; Rules 305 and 306 are waived. The well pad has not been constructed. Per GarCo Vacation Ordinance dated 10-5-1987, CR 213 is now OXY's private property north of Sec 8, 7S, 97W, 6 PM. A semi-closed loop system will be used. Oxy will provide appropriate housing for essential personnel in order to conduct safe, efficient drilling operations at this well site. Oxy will comply with Notice to Operators (NTO) Drilling wells on the Roan Plateau (June 12, 2008).

34. Location ID: _____

35. Is this application in a Comprehensive Drilling Plan ? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment ? Yes No

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

Signed: _____ Print Name: Joan Proulx

Title: Regulatory Analyst Date: _____ Email: joan_proulx@oxy.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

API NUMBER

05

Permit Number: _____ Expiration Date: _____

CONDITIONS OF APPROVAL, IF ANY:

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name
400232619	WELL LOCATION PLAT
400232620	DEVIATED DRILLING PLAN
400232621	LEGAL/LEASE DESCRIPTION
400232622	TOPO MAP

Total Attach: 4 Files

General Comments

User Group **Comment** **Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

BMP

Type **Comment**

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)