

FORM  
4  
Rev 12/05

## State of Colorado

## Oil and Gas Conservation Commission

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



## 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.)

RECEIVED  
7/27/2012

1. OGCC Operator Number: <u>66571</u>	4. Contact Name <u>Daniel I. Padilla</u>	Complete the Attachment Checklist  OP OGCC
2. Name of Operator: <u>OXY USA WTP LP</u>	Phone: <u>(970)263-3637</u>	
3. Address: <u>760 Horizon Drive, Suite 101</u> City: <u>Grand Junction</u> State: <u>CO</u> Zip: <u>81506</u>	Fax: <u>(970)263-3694</u>	
5. API Number <u>05-</u>	OGCC Facility ID Number <u>414396</u>	Survey Plat
6. Well/Facility Name: <u>CC Pond 10 N</u>	7. Well/Facility Number <u>10 N</u>	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): <u>SESW, Sec. 5, T7S, R97W, 6 PM</u>		Surface Eqpm Diagram
9. County: <u>Garfield</u>	10. Field Name: <u>Grand Valley</u>	Technical Info Page <input checked="" type="checkbox"/>
11. Federal, Indian or State Lease Number: _____		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:	<table border="1"><tr><td></td><td>FNL/FSL</td><td></td><td>FEL/FWL</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>		FNL/FSL		FEL/FWL												
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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 <input type="checkbox"/>																
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																	
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 type="checkbox"/> Notice of Intent	<input type="checkbox"/> 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.)		
<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 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 checked="" 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: Daniel I. Padilla Date: 7/27/12 Email: daniel\_padilla@oxy.comPrint Name: Daniel I. Padilla Title: Regulatory Advisor

COGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: \_\_\_\_\_ API Number: \_\_\_\_\_

2. Name of Operator: \_\_\_\_\_ OGCC Facility ID # \_\_\_\_\_

3. Well/Facility Name: \_\_\_\_\_ Well/Facility Number: \_\_\_\_\_

4. Location (QtrQtr, Sec, Twp, Rng, Meridian): \_\_\_\_\_

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**

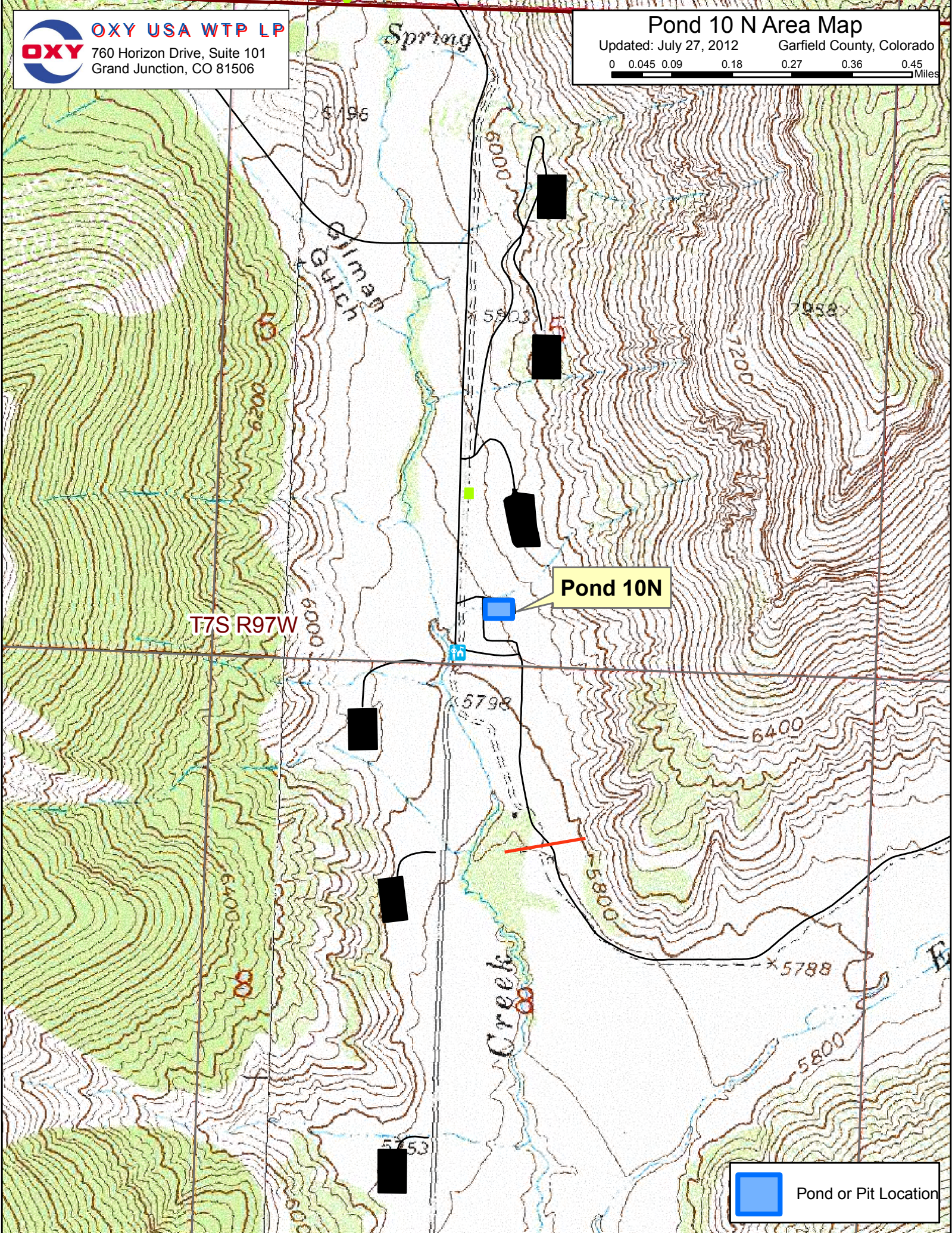
760 Horizon Drive, Suite 101  
Grand Junction, CO 81506

## Pond 10 N Area Map

Updated: July 27, 2012


Garfield County, Colorado

0 0.045 0.09 0.18 0.27 0.36 0.45 Miles



Pond 10N

T7S R97W

 Pond or Pit Location