

2131198

**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: 66561	4. Contact Name: Joan Proulx	Complete the Attachment Checklist	OP OGCC
2. Name of Operator: OXY USA Inc., Attn: Karen Summers	Phone: 970-263-3641		
3. Address: P.O. Box 27757	City: Houston State: TX Zip: 77227-7757	Fax: 970-263-3694	
5. API Number: 05-077-09524-00	OGCC Facility ID Number:	Survey Plat:	
6. Well/Facility Name: Sikes	7. Well/Facility Number: 21-4B	Directional Survey:	
8. Location (Qtr/Clr, Sec, Twp, Rng, Meridian): SENE 20 9S 94W 6 PM		Surface Eqpm Diagram:	
9. County: Mesa	10. Field Name: Brush Creek	Technical info Page:	X
11. Federal, Indian or State Lease Number: N/A		Other:	

**RECEIVED**  
OCT 26 2012  
OGCC/Rifle Office

**General Notice**

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

AS-built data:  FM/FSL  H-L/WL

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:     attach directional survey

Bottomhole location Qtr/Clr, Sec, Twp, Rng, Mer: \_\_\_\_\_

Latitude: 39 26537 Distance to nearest property line: \_\_\_\_\_ Distance to nearest bldg, public rd, utility or RR: \_\_\_\_\_

Longitude: 107 89970 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: 09/17/2012 PDOP Reading: 5.0 Instrument Operator's Name: B Szabo

**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: 10/10/2012  **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 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 checked="" type="checkbox"/> Other: Abandon conductor	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: 10/01/2012 Email: joan.proulx@oxy.com  
Print Name: Joan Proulx Title: Regulatory Analyst

COGCC Approved: [Signature] Title: NWAE Date: 10/26/12

CONDITIONS OF APPROVAL IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

**RECEIVED**  
OCT 26 2012  
OGCC/Rifle Office

1. OGCC Operator Number: 66561	API Number: 05-077-09524-00
2. Name of Operator: OXY USA Inc.	OGCC Facility ID #
3. Well/Facility Name: Stites	Well/Facility Number: 21-4B
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	SENE 20 9S 94W 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 Stites 21-4B well had a conductor set to an approximate depth of 65'.

No further work or drilling has occurred at this well and Oxy has no plans to re-enter and continue drilling this well.

The conductor will be filled with Redmix cement to plug and abandon the conductor.

As-built data was obtained at the conductor.