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COGCC

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: 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: 05-045-15013-00	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: Cascade Creek	7. Well/Facility Number: 697-17-33A	Directional Survey
8. Location (Qtr/Sec, Twp, Rng, Meridian): SWSW 17 6S 97W 6 PM		Surface Eqpmt Diagram
9. County: Garfield	10. Field Name: Grand Valley	Technical Info Page X
11. Federal, Indian or State Lease Number: N/A		Other

General Notice

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:		FNU/FSL		FEL/FWL	
Change of Surface Footage to Exterior Section Lines:					
Change of Bottomhole Footage from Exterior Section Lines:					
Change of Bottomhole Footage to Exterior Section Lines:					

Bottomhole location Qtr/Sec, Twp, Rng, Mer _____ 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 _____

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: - 12/15/2012 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 D sposal
<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: Request to vent bradenhead	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: 10/4/2012 Email: joan_proulx@oxy.com
Print Name: Joan Proulx Title: Regulatory Analyst

COGCC Approved: Daniel And Title: PE II Date: 12/21/2012

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY
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1. OGCC Operator Number: <u>66571</u>	API Number: <u>05-045-15013-00</u>
2. Name of Operator: <u>OXY USA WTP LP</u>	OGCC Facility ID # _____
3. Well/Facility Name: <u>Cascade Creek</u>	Well/Facility Number: <u>697-17-33A</u>
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWSW 17 6S 97W 6 PM</u>	

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 is requesting permission to periodically vent the bradenhead pressure for up to 180 days while work takes place to install a permanent control device (VCU).