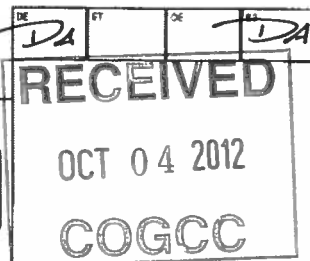




02055688

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)

| | | |
|--|------------------------------------|---|
| 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 05-045-17765-00 | OGCC Facility ID Number | Survey Plat |
| 6. Well/Facility Name: Shell | 7. Well/Facility Number 797-03-06A | Directional Survey |
| 8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWNE 3 7S 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

| | |
|---|--|
| <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: | <input type="checkbox"/> FNU/FSL <input type="checkbox"/> FEL/FWL |
| Change of Surface Footage to Exterior Section Lines: | <input type="checkbox"/> |
| Change of Bottomhole Footage from Exterior Section Lines: | <input type="checkbox"/> |
| Change of Bottomhole Footage to Exterior Section Lines: | <input type="checkbox"/> |
| Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer | attach directional survey |
| Latitude | Distance to nearest property line |
| Longitude | Distance to nearest bldg, public rd, utility or RR |
| Ground Elevation | Distance to nearest lease line |
| | Is location in a High Density Area (rule 603b)? Yes/No |
| | 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: NUMBER 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 Final reclamation is completed and site is ready for inspection. | |

Technical Engineering/Environmental Notice

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Notice of Intent Approximate Start Date: ~ 12/15/2012 | <input type="checkbox"/> 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: Request to vent bradenhead | for Spills and Releases |

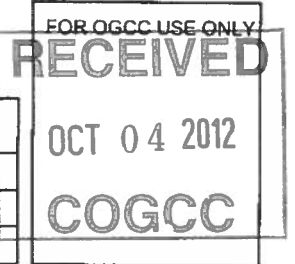
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Joan Proulx Date: 10/4/2012 Email: joan_proulx@oxy.com
Print Name: Joan Proulx Title: Regulatory Analyst

COGCC Approved: David Anderson Title PE II Date 12/21/2012

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



| | | | |
|--|--------------------|-----------------------|-----------------|
| 1. OGCC Operator Number: | 66571 | API Number: | 05-045-17765-00 |
| 2. Name of Operator: | OXY USA WTP LP | OGCC Facility ID # | |
| 3. Well/Facility Name: | Shell | Well/Facility Number: | 797-03-06A |
| 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): | NWNE 3 7S 97W 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

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).