

State of Colorado
Oil and Gas Conservation Commission

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



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Date Received:			

SUNDRY NOTICE

Submit a signed original. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full in Comments or provide as an attachment. Identify Well by API Number; identify Oil and Gas Location by Location ID Number; identify other Facility by Facility ID Number.

OGCC Operator Number: 66571 Contact Name Joan Proulx
 Name of Operator: OXY USA WTP LP Phone: (970) 263-3641
 Address: 760 HORIZON DR #101 Fax: (970) 263-3694
 City: GRAND JUNCTION State: CO Zip: 81506 Email: joan_proulx@oxy.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 045 11926 00 OGCC Facility ID Number: 283505
 Well/Facility Name: CASCADE CREEK Well/Facility Number: 697-29-36D
 Location QtrQtr: NESW Section: 29 Township: 6S Range: 97W Meridian: 6
 County: GARFIELD Field Name: GRAND VALLEY
 Federal, Indian or State Lease Number: _____

Survey Plat		
Directional Survey		
Srvc Eqpmt Diagram		
Technical Info Page		
Other		

CHANGE OF LOCATION OR AS BUILT GPS REPORT

- Change of Location * As-Built GPS Location Report As-Built GPS Location Report with Survey

* Well location change requires new plat. A substantive surface location change may require new Form 2A.

SURFACE LOCATION GPS DATA Data must be provided for Change of Surface Location and As Built Reports.

Latitude _____ PDOP Reading _____ Date of Measurement _____
 Longitude _____ GPS Instrument Operator's Name _____

LOCATION CHANGE (all measurements in Feet)

Well will be: _____ (Vertical, Directional, Horizontal)

Change of **Surface Footage From** Exterior Section Lines:

FNL/FSL	FEL/FWL
<u>1737</u> <u>FSL</u>	<u>2176</u> <u>FWL</u>

Change of **Surface Footage To** Exterior Section Lines:

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Current **Surface Location From** QtrQtr NESW Sec 29

Twp <u>6S</u>	Range <u>97W</u>	Meridian <u>6</u>
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New **Surface Location To** QtrQtr _____ Sec _____

Twp _____	Range _____	Meridian _____
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Change of **Top of Productive Zone Footage From** Exterior Section Lines:

<u>2245</u> <u>FSL</u>	<u>2069</u> <u>FWL</u>
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Change of **Top of Productive Zone Footage To** Exterior Section Lines:

		**
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Current **Top of Productive Zone Location From** Sec 29

Twp <u>6S</u>	Range <u>97W</u>
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New **Top of Productive Zone Location To** Sec _____

Twp _____	Range _____
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Change of **Bottomhole Footage From** Exterior Section Lines:

<u>2245</u> <u>FSL</u>	<u>2069</u> <u>FWL</u>
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Change of **Bottomhole Footage To** Exterior Section Lines:

		**
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Current **Bottomhole Location** Sec 29 Twp 6S Range 97W

** attach deviated drilling plan

New **Bottomhole Location** Sec _____ Twp _____ Range _____

Is location in High Density Area? _____

Distance, in feet, to nearest building _____, public road: _____, above ground utility: _____, railroad: _____,
 _____ property line: _____, lease line: _____, well in same formation: _____

Ground Elevation _____ feet Surface owner consultation date _____

Comments:

ENGINEERING AND ENVIRONMENTAL WORK

NOTICE OF CONTINUED TEMPORARILY ABANDONED STATUS

Indicate why the well is temporarily abandoned and describe future plans for utilization in the COMMENTS box below or provide as an attachment, as required by Rule 319.b.(3).

Date well temporarily abandoned _____ Has Production Equipment been removed from site? _____

Mechanical Integrity Test (MIT) required if shut in longer than 2 years. Date of last MIT _____

SPUD DATE: _____

TECHNICAL ENGINEERING AND ENVIRONMENTAL WORK

Details of work must be described in full in the COMMENTS below or provided as an attachment.

NOTICE OF INTENT Approximate Start Date _____

REPORT OF WORK DONE Date Work Completed 08/24/2015

<input type="checkbox"/> Intent to Recomplete (Form 2 also required)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Mangement Plan
<input type="checkbox"/> Change Drilling Plan	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Change	<input type="checkbox"/> Rule 502 variance requested. Must provide detailed info regarding request.	
<input checked="" type="checkbox"/> Other <u>Correct formations</u>	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

This Form 4 will correct the formation tops originally submitted in 2008:

WSTCG 2126'

FTUN 2307'

WMFK 4145'

CMEO 5807'

RLNS 6279'

CASING AND CEMENTING CHANGES

Casing Type	Size	Of	/	Hole	Size	Of	/	Casing	Wt/Ft	Csg/LinTop	Setting Depth	Sacks of Cement	Cement Bottom	Cement Top

H2S REPORTING

Data Fields in this section are intended to document Sample and Location Data associated with the collection of a Gas Sample that is submitted for Laboratory Analysis.

Gas Analysis Report must be attached.

H2S Concentration: _____ in ppm (parts per million) Date of Measurement or Sample Collection _____

Description of Sample Point:

Absolute Open Flow Potential _____ in CFPD (cubic feet per day)

Description of Release Potential and Duration (If flow is not open to the atmosphere, identify the duration in which the container or pipeline would likely be opened for servicing operations.):

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Distance to nearest occupied residence, school, church, park, school bus stop, place of business, or other areas where the public could reasonably be expected to frequent: _____

Distance to nearest Federal, State, County, or municipal road or highway owned and principally maintained for public use: _____

COMMENTS:

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<u>Best Management Practices</u>	
<u>No BMP/COA Type</u>	<u>Description</u>

Operator Comments:

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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 Email: joan_proulx@oxy.com Date: _____

Based on the information provided herein, this Sundry Notice (Form 4) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

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

Total: 0 comment(s)

<u>Attachment Check List</u>	
<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files