

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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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 Chris G. Clark	Complete the Attachment Checklist  OP OGCC
2. Name of Operator: OXY USA WTP LP	Phone: 970.263.3628	
3. Address: 760 Horizon Drive, Suite 101 City: Grand Junction State: CO Zip: 81506	Fax: 970.2663.3694	
5. API Number 05- 045-10444-00	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: Cascade Creek	7. Well/Facility Number 616-21-32	Directional Survey
8. Location (Qtr/Tr, Sec, Twp, Rng, Meridian): NENW, Sec.16, T6S, R97W, 6th P.M.		Surface Eqpm Diagram
9. County: Garfield	10. Field Name: Grand Valley	Technical Info Page
11. Federal, Indian or State Lease Number:		Other Mat. Management Plan X

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>FNL/FSL</td><td>FEL/FWL</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	FNL/FSL	FEL/FWL	<input type="checkbox"/>	<input type="checkbox"/>
FNL/FSL	FEL/FWL				
<input type="checkbox"/>	<input type="checkbox"/>				
Change of Surface Footage to Exterior Section Lines:	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
Change of Bottomhole Footage from Exterior Section Lines:	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
Change of Bottomhole Footage to Exterior Section Lines:	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> attach directional survey	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
Bottomhole location Qtr/Tr, Sec, Twp, Rng, Mer					
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	<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 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: Cuttings Storage & Disposal	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: [Signature] Date: 1/27/10 Email: daniel\_padilla@oxy.com  
Print 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: 66571	API Number: 05-045-10444-00
2. Name of Operator: OXY USA WTP LP	OGCC Facility ID #
3. Well/Facility Name: Cascade Creek	Well/Facility Number: 616-21-32
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENW, Sec.16, T6S, R97W, 6th P.M.	

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 (Oxy) proposes to permanently dispose of drill cuttings and also temporarily store drill cuttings at the Oxy 616-21-32 pad. The cuttings will be generated from drilling activities located at Oxy's 16A-2 and 609-14 pads. Oxy has prepared the attached Drill Cuttings Materials Management Plan outlining its cuttings disposal and storage plan at the 21-32 and 16A-2 pads. All activities are located on Oxy property.

Oxy requests review and if appropriate, approval of the proposed cuttings disposal/storage plan.