



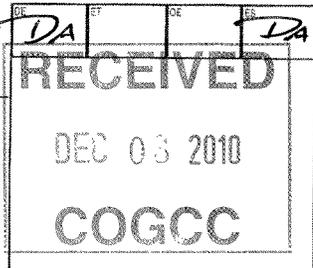
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FORM 4 Rev 12/05

Page 1

State of Colorado 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
2. Name of Operator: OXY USA WTP LP, Attn: Gienda Jones
3. Address: P.O. Box 27757
4. Contact Name: Joan Proulx
5. API Number: 05-045-17882-00
6. Well/Facility Name: Shell
7. Well/Facility Number: 797-03-15B
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWNE 3 7S 97W 6 PM
9. County: Garfield
10. Field Name: Grand Valley
11. Federal, Indian or State Lease Number: N/A

General Notice

CHANGE OF LOCATION: Attach New Survey Plat
CHANGE SPACING UNIT
CHANGE OF OPERATOR (prior to drilling):
CHANGE WELL NAME
ABANDONED LOCATION:
NOTICE OF CONTINUED SHUT IN STATUS
SPUD DATE:
REQUEST FOR CONFIDENTIAL STATUS
SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK
RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.

Technical Engineering/Environmental Notice

Notice of Intent
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.)

Intent to Recomplete (submit form 2)
Request to Vent or Flare
E&P Waste Disposal
Change Drilling Plans
Repair Well
Beneficial Reuse of E&P Waste
Gross Interval Changed?
Rule 502 variance requested
Status Update/Change of Remediation Plans
[X] Casing/Cementing Program Change
Other: for Spills and Releases

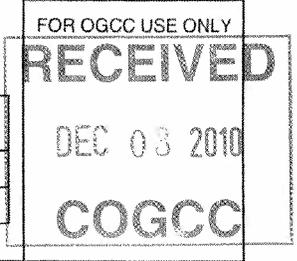
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: [Signature] Date: 12/3/10 Email: joan.proulx@oxy.com
Print Name: Joan Proulx Title: Regulatory Analyst

COGCC Approved: [Signature] Title: PE II Date: 12/7/2010

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



1. OGCC Operator Number: 66571	API Number: 05-045-17882-00
2. Name of Operator: OXY USA WTP LP	OGCC Facility ID #
3. Well/Facility Name: Shell	Well/Facility Number: 797-03-15B
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

The Shell 797-03-15B was originally permitted for a surface casing depth of 1000'.
The surface casing was set at 1293' which exceeds the 20% maximum depth change allowed.

The permitted MD for this well was 6705' and the actual MD is 6750', a difference of 45'. The objective formation to be completed has not changed due to the increased depth.