



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
2. Name of Operator: OXY USA WTP LP, Attn: Glenda Jones
3. Address: P.O. Box 27757
City: Houston State: TX Zip 77227-7757
4. Contact Name: Joan Proulx
Phone: 970-263-3641
Fax: 970-263-3694
5. API Number: 05-045-20089-00
6. Well/Facility Name: Cascade Creek
7. Well/Facility Number: 697-09-35A
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSE 9 6S 97W 6 PM
9. County: Garfield
10. Field Name: Grand Valley
11. Federal, Indian or State Lease Number: N/A

Table with 2 columns: Survey Plat, Directional Survey, Surface Eqpm Diagram, Technical Info Page, Other. Includes checkboxes and an 'X' in the Technical Info Page cell.

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:
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/Qtr, Sec, Twp, Rng, Mer
Latitude, Longitude, Ground Elevation
Distance to nearest property line, lease line, well same formation
Distance to nearest bldg, public rd, utility or RR
Is location in a High Density Area (rule 603b)? Yes/No
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
From:
To:
Effective Date:
NUMBER

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
Method used, Cementing tool setting/perf depth, Cement volume, Cement top, Cement bottom, Date
*submit cbl and cement job summaries

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:
Report of Work Done
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)
Change Drilling Plans
Gross Interval Changed?
Casing/Cementing Program Change
Request to Vent or Flare
Repair Well
Rule 502 variance requested
Other:
E&P Waste Disposal
Beneficial Reuse of E&P Waste
Status Update/Change of Remediation Plans 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: 12/9/10
Email: joan_proulx@oxy.com
Print Name: Joan Proulx
Title: Regulatory Analyst

COGCC Approved: [Signature]
Title: EIT3
Date: 12/13/2010

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>05-045-20089-00</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>697-09-35A</u> |
| 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWSE 9 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**

The originally permitted MD on the 697-09-35A well was 9080'. The new MD will be 9197', a difference of 117'. The objective formations to be completed will not change as a result of the increase in MD.