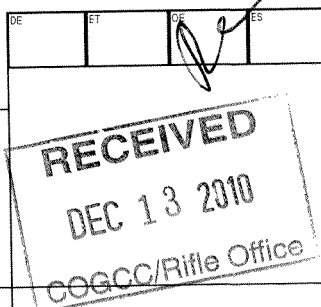




## SUNDRY NOTICE

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.)

Complete the Attachment  
Checklist

OP OGCC

1. OGCC Operator Number: 66571	4. Contact Name: Joan Proulx
2. Name of Operator: OXY USA WTP LP, Attn: Glenda Jones	Phone: 970-263-3641
3. Address: P.O. Box 27757	Fax: 970-263-3694
City: Houston State: TX Zip: 77227-7757	
5. API Number: 05-045-18367-00	OGCC Facility ID Number
6. Well/Facility Name: Cascade Creek	7. Well/Facility Number: 697-09-29B
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	

Survey Plat		
Directional Survey		
Surface Eqpmt Diagram		
Technical Info Page	X	
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:	<table><tr><td></td><td>FNL/FSL</td><td></td><td>FEL/FWL</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>		FNL/FSL		FEL/FWL																
	FNL/FSL		FEL/FWL																		
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	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

☐ 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

NUMBER

From:

To:

Effective Date:

☐ ABANDONED LOCATION:Was location ever built? ☐ Yes ☐ NoIs 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

\*submit cbl and cement job summaries

Method used Cementing tool setting/perf depth Cement volume Cement top Cement bottom Date

☐ 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)☐ 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☐ 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:

Date: 12/9/10

Email: joan\_proulx@oxy.com

Print Name:

Joan Proulx

Title: Regulatory Analyst

COGCC Approved:

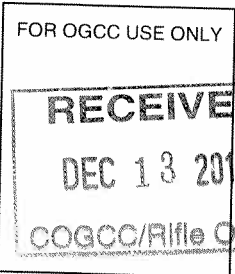
Title

EIT 3

Date: 12/13/2010

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



1. OGCC Operator Number:	66571	API Number:	05-045-18367-00
2. Name of Operator:	OXY USA WTP LP	OGCC Facility ID #	
3. Well/Facility Name:	Cascade Creek	Well/Facility Number:	697-09-29B
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	NWSE 9 6S 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 originally permitted MD on the 697-09-29B well was 9036'. The new MD will be 9078', a difference of 42'. The objective formations to be completed will not change as a result of the increase in MD.