



1120 Lincoln Street, Suite 801, Denver, CO 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.)

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OGCC/Rifle Office Complete the Attachment Checklist

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: 05-045-18133-00 OGCC Facility ID Number
6. Well/Facility Name: Cascade Creek 7. Well/Facility Number: 697-09-37A
8. Location (Qtr/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 Eqpmnt Diagram, Technical Info Page, Other. Technical Info Page is marked with an X.

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

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: Joan Proulx Date: 12/9/10 Email: joan_proulx@oxy.com
Print Name: Joan Proulx Title: Regulatory Analyst

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

CONDITIONS OF APPROVAL, IF ANY:

FORM
4
Rev 12/05

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

- 1. OGCC Operator Number: 66571 API Number: 05-045-18133-00
- 2. Name of Operator: OXY USA WTP LP OGCC Facility ID # _____
- 3. Well/Facility Name: Cascade Creek Well/Facility Number: 697-09-37A
- 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSE 9 6S 97W 6 PM

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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.

OGCC/Rifle Office

5. **DESCRIBE PROPOSED OR COMPLETED OPERATIONS**

The originally permitted MD on the 697-09-37A well was 8960'. The new MD will be 9047', a difference of 87'. The objective formation to be completed will not change as a result of the increase in MD.