



State of  
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.)

RECEIVED  
DEC 10 2010  
COGCC/Rifle Office

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: 05-045-17696-00	OGCC Facility ID Number:
6. Well/Facility Name: Cascade Creek	7. Well/Facility Number: 697-16-01
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): SWSW 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

☐ 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:		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: \_\_\_\_\_ 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

<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: _____ To: _____ Effective Date: _____
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<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: _____
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<input type="checkbox"/> SPUD DATE: _____	<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)
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☐ 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

<input type="checkbox"/> Notice of Intent Approximate Start Date: _____	<input type="checkbox"/> Report of Work Done Date Work Completed: _____
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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 checked="" type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> 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: 12/7/10 Email: joan\_proulx@oxy.com  
Print Name: Joan Proulx Title: Regulatory Analyst

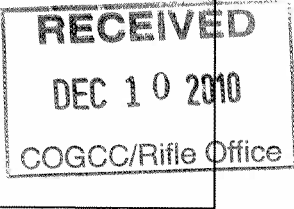
COGCC Approved: [Signature] Title: EIT 3 Date: 12/14/10

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY



1. OGCC Operator Number:	66571	API Number:	05-045-17696-00
2. Name of Operator:	OXY USA WTP LP	OGCC Facility ID #	
3. Well/Facility Name:	Cascade Creek	Well/Facility Number:	697-16-01
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	SWSW 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 Cascade Creek 697-16-01 well was originally permitted for a surface casing depth of 2400'. The surface casing was set at 2909' which exceeds the 20% maximum depth change allowed.

The objective formation to be completed has not changed due to the increased surface casing setting depth.