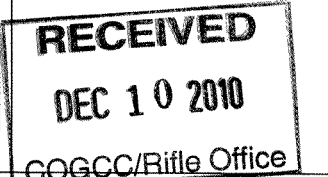




SUNDRY NOTICE

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: 05-045-18026-00	OGCC Facility ID Number:
6. Well/Facility Name: Cascade Creek	7. Well/Facility Number: 697-15-11B
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW 15 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:

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

Distance to nearest bldg, public rd, utility or RR

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:

☐ **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**

*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: Joan Proulx Date: 12/10/10 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

RECEIVED
DEC 10 2010
OGCC/Rifle Office

1. OGCC Operator Number: 66571 API Number: 05-045-18026-00
2. Name of Operator: OXY USA WTP LP OGCC Facility ID #
3. Well/Facility Name: Cascade Creek Well/Facility Number: 697-15-11B
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW 15 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 permitted surface casing depth for the 697-15-11B well was 2700' and the actual depth is 2543', a difference of 157'. The objective formation to be completed has not changed due to the decreased depth.