

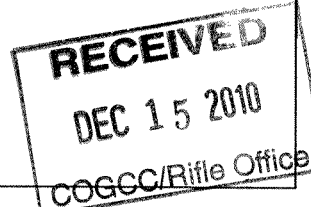
State of Colorado  
Oil and Gas Conservation Commi

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)85



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	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: 05-045-18009-00	OGCC Facility ID Number:
6. Well/Facility Name: Cascade Creek	7. Well/Facility Number: 697-09-64A
8. Location (Qtr/Qtr, 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	

Complete the Attachment Checklist

OP OGCC

Survey Plat	
Directional Survey	
Surface Eqmpt 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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

☐ **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 ☐ 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.)

<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 checked="" 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 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  
Print Name: Joan Proulx

Date: 12/15/2010 Email: joan\_proulx@oxy.com  
Title: Regulatory Analyst

COGCC Approved:

Title

EIT III

Date: 12/20/10

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 66571 API Number: 05-045-18009-00
2. Name of Operator: OXY USA WTP LP OGCC Facility ID #
3. Well/Facility Name: Cascade Creek Well/Facility Number: 697-09-64A
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 Cascade Creek 697-09-64A well was originally permitted to an MD of 8992'. Oxy proposes to increase the MD to 9200', an increase of 208'.

There is no change in the objective formations as a result of the increase in MD.