

State of Colorado
Oil and Gas Conservation Comm

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 861-1000



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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
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

Complete the Attachment
Checklist

COGCC/Rifle Office

OP OGCC

5. API Number: 05-045-18147-00 OGCC Facility ID Number: _____
6. Well/Facility Name: Cascade Creek 7. Well/Facility Number: 697-08-23A
8. Location (Qtr/Sec, Twp, Rng, Meridian): NENE 8 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 Equip Diagram
Technical Info Page X
Other

General Notice

<input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qr is substantive and requires a new permit)	
Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/> FNL/FSL <input type="checkbox"/> FEL/FWL
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/> attach directional survey
Bottomhole location 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
<input type="checkbox"/> CHANGE SPACING UNIT	
Formation	Formation Code
Spacing order number	Unit Acreage
	Unit configuration
<input type="checkbox"/> 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 NUMBER	
From:	
To:	
Effective Date:	
<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	
<input type="checkbox"/> SPUD DATE:	
<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)	
<input type="checkbox"/> 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
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.	
Final reclamation will commence on approximately	
<input type="checkbox"/> Final reclamation is completed and site is ready for inspection.	

Technical Engineering/Environmental Notice

<input checked="" type="checkbox"/> Notice of Intent		<input type="checkbox"/> Report of Work Done	
Approximate Start Date: 03/01/2011		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	

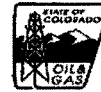
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Date: 1/19/2011 Email: joan_proulx@oxy.com
Print Name: Joan Proulx Title: Regulatory Analyst

COGCC Approved: Title: EIT 3 Date: 1/21/11

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

JAN 19 2011

COGCC/Rifle Office

1. OGCC Operator Number: 66571 API Number: 05-045-18147-00
2. Name of Operator: OXY USA WTP LP OGCC Facility ID #
3. Well/Facility Name: Cascade Creek Well/Facility Number: 697-08-23A
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENE 8 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 697-08-23A well was originally permitted to an MD of 8829'.
The new MD will be 9000'.
There will be no change in the objective formations due to the increase in MD.