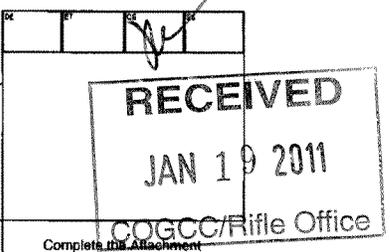


SUNDRY NOTICE

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
5. API Number: 05-045-18131-00 OGCC Facility ID Number
6. Well/Facility Name: Cascade Creek 7. Well/Facility Number: 697-08-08A
8. Location (Qtr/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



Complete this Attachment Checklist OP OGCC

General Notice

CHANGE OF LOCATION: Attach New Survey Plat
CHANGE SPACING UNIT
CHANGE OF OPERATOR (prior to drilling):
CHANGE WELL NAME NUMBER
ABANDONED LOCATION:
NOTICE OF CONTINUED SHUT IN STATUS
SPUD DATE:
REQUEST FOR CONFIDENTIAL STATUS
SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK
RECLAMATION:

Technical Engineering/Environmental Notice

X Notice of Intent
Approximate Start Date: 03/01/2011
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)
Change Drilling Plans
Gross Interval Changed?
Casing/Cementing Program Change
Request to Vent or Flare
Repair Well
Rule 502 variance requested
Other:
E&P Waste Disposal
Beneficial Reuse of E&P Waste
Status Update/Change of Remediation Plans 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: 1/19/2011 Email: joan_proulx@oxy.com
Print Name: Joan Proulx Title: Regulatory Analyst

COGCC Approved: [Signature] Title: EIT 3 Date: 1/21/11
CONDITIONS OF APPROVAL, IF ANY:

FORM
4
Rev 12/05

Page 2

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: <u>66571</u>	API Number: <u>05-045-18131-00</u>
2. Name of Operator: <u>OXY USA WTP LP</u>	OGCC Facility ID # _____
3. Well/Facility Name: <u>Cascade Creek</u>	Well/Facility Number: <u>697-08-08A</u>
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	<u>NENE 8 6S 97W 6 PM</u>

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.

RECEIVED
JAN 19 2011
COGCC/Rifle Office

5. **DESCRIBE PROPOSED OR COMPLETED OPERATIONS**

The Cascade Creek 697-08-08A well was originally permitted to an MD of 9041'.
The new MD will be 9200'.
There will be no change in the objective formations due to the increase in MD.