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1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)994-2109



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**RECEIVED**  
 JAN 19 2011  
 COGCC/Rifle Office

**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

OP OGCC

5. API Number: 05-045-18148-00  
 6. Well/Facility Name: Cascade Creek  
 7. Well/Facility Number: 697-08-06B  
 8. Location (Ctr/Clr, 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 Eqm't 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:   attach directional survey

Bottomhole location Qtr/Clr, 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 cbi 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**  **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.)**

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

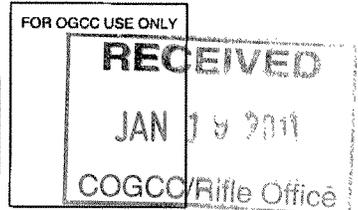
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

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

COGCC Approved: [Signature] Title: ECT3 Date: 1/21/11

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



1. OGCC Operator Number: <u>66571</u>	API Number: <u>05-045-18148-00</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>697-08-06B</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.

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

The Cascade Creek 697-08-06B well was originally permitted to an MD of 8837'.  
The new MD will be 9000'.  
There will be no change in the objective formations due to the increase in MD.