

State of Colorado  
Oil and Gas Conservation

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



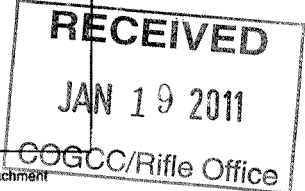
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## SUNDRY NOTICE

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	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: 05-045-18148-00	OGCC Facility ID Number
6. Well/Facility Name: Cascade Creek	7. Well/Facility Number: 697-08-06B
8. Location (Ctr/Ctr, 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 the Attachment  
Checklist

OP OGCC

Survey Plat	
Directional Survey	
Surface Eqmt Diagram	
Technical Info Page	X
Other	

## General Notice

<input type="checkbox"/> <b>CHANGE OF LOCATION:</b> 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"/> FNL/FSL <input type="checkbox"/> FEL/FWL
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/> attach directional survey
Bottomhole location Qtr/Ctr, 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:
<b>GPS DATA:</b>	
Date of Measurement	PDOP Reading
	Instrument Operator's Name
<input type="checkbox"/> <b>CHANGE SPACING UNIT</b>	
Formation	Formation Code
Spacing order number	Unit Acreage
	Unit configuration
<input type="checkbox"/> <b>Remove from surface bond</b>	
Signed surface use agreement attached	
<input type="checkbox"/> <b>CHANGE OF OPERATOR (prior to drilling):</b>	
Effective Date:	
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	
<input type="checkbox"/> <b>CHANGE WELL NAME</b> NUMBER	
From:	
To:	
Effective Date:	
<input type="checkbox"/> <b>ABANDONED LOCATION:</b>	
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"/> <b>NOTICE OF CONTINUED SHUT IN STATUS</b>	
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"/> <b>SPUD DATE:</b>	
<input type="checkbox"/> <b>REQUEST FOR CONFIDENTIAL STATUS</b> (6 mos from date casing set)	
<input type="checkbox"/> <b>SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK</b>	
*submit cbl and cement job summaries	
Method used	Cementing tool setting/perf depth
Cement volume	Cement top
Cement bottom	Date
<input type="checkbox"/> <b>RECLAMATION:</b> 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"/> <b>Notice of Intent</b>	<input type="checkbox"/> <b>Report of Work Done</b>
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 checked="" type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested
<input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other:
<input type="checkbox"/> E&P Waste Disposal	
<input type="checkbox"/> Beneficial Reuse of E&P Waste	
<input type="checkbox"/> 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 AnalystCOGCC Approved: [Signature] Title: EIT3 Date: 1/21/11

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

JAN 19 2011

OGCC/Rifle Office

1. OGCC Operator Number: 66571 API Number: 05-045-18148-00  
2. Name of Operator: OXY USA WTP LP OGCC Facility ID #  
3. Well/Facility Name: Cascade Creek Well/Facility Number: 697-08-06B  
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 697-08-06B 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.