



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.)

RECEIVED JAN 19 2011 COGCC/Rifle Office

1. OGCC Operator Number: 66571
2. Name of Operator: OXY USA WTP L.P., Attn: Glenda Jones
3. Address: P.O. Box 27757, Houston, TX 77227-7757
4. Contact Name: Joan Proulx, Phone: 970-263-3641, Fax: 970-263-3694
5. API Number: 05-045-18126-00, OGCC Facility ID Number:
6. Well/Facility Name: Cascade Creek, 7. Well/Facility Number: 697-05-78B
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 the Attachment Checklist OP OGCC

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)
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 (6 mos from date casing set)
SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK
RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.

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: Title: EIT3 Date: 1/21/11
CONDITIONS OF APPROVAL, IF ANY:

FORM  
4  
Rev 12/05

Page 2

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

JAN 19 2011

COGCC/Rifle Office

1. OGCC Operator Number:	66571	API Number:	05-045-18126-00
2. Name of Operator:	OXY USA WTP LP	OGCC Facility ID #	
3. Well/Facility Name:	Cascade Creek	Well/Facility Number:	697-05-78B
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 697-05-78B well was originally permitted to an MD of 8962'.  
The new MD will be 9150'.  
There will be no change in the objective formations due to the increase in MD.