

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 City: Houston State: TX Zip: 77227-7757 | Fax: 970-263-3694 | | |
| 5. API Number: 05-045-20063-00 | OGCC Facility ID Number: | Survey Plat: | |
| 6. Well/Facility Name: Cascade Creek | 7. Well/Facility Number: 697-08-58A | Directional Survey: | |
| 8. Location (Qtr/Sec, Twp, Rng, Meridian): NWSE 8 6S 97W 6 PM | | Surface Eqpm Diagram: | |
| 9. County: Garfield | 10. Field Name: Grand Valley | Technical Info Page: | X |
| 11. Federal, Indian or State Lease Number: N/A | | Other: | |

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 of Surface Footage from Exterior Section Lines: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change of Surface Footage to Exterior Section Lines: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change of Bottomhole Footage from Exterior Section Lines: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change of Bottomhole Footage to Exterior Section Lines: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Bottomhole location Qtr/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: From: _____ To: _____ Effective Date: _____ NUMBER: _____

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 cbl 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 Approximate Start Date: 05/01/2011 Report of Work Done Date Work Completed: _____

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

| | | |
|---|--|--|
| <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 for Spills and Releases |
| <input type="checkbox"/> Casing/Cementing Program Change | <input type="checkbox"/> Other: | |

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: 01/19/2011 Email: joan_proulx@oxy.com
Print Name: Joan Proulx Title: Regulatory Analyst

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

FORM
4
Rev 12/05

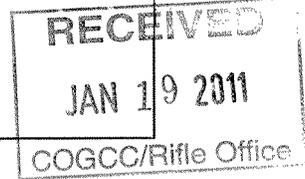
Page 2

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

| | | | |
|--|--------------------|-----------------------|-----------------|
| 1. OGCC Operator Number: | 66571 | API Number: | 05-045-20063-00 |
| 2. Name of Operator: | OXY USA WTP LP | OGCC Facility ID # | |
| 3. Well/Facility Name: | Cascade Creek | Well/Facility Number: | 697-08-58A |
| 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): | NWSE 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 697-08-58A well was originally permitted to an MD of 9160'.
The new MD will be 9350'.
There will be no change to the objective formations due to the increase in MD.