



01241909



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

OGCC/Rifle Office

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: 05-045-20093-00 OGCC Facility ID Number: Survey Plat
6. Well/Facility Name: Cascade Creek 7. Well/Facility Number: 697-08-35A Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWSE 8 6S 97W 6 PM Surface Eqpt Diagram
9. County: Garfield 10. Field Name: Grand Valley Technical Info Page X
11. Federal, Indian or State Lease Number: N/A 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: ☐ FNU/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/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** 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 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** ☐ **Report of Work Done**
Approximate Start Date: 05/01/2011 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: 01/19/2011 Email: joan_proulx@oxy.com

Print Name: Joan Proulx Title: Regulatory Analyst

OGCC Approved: [Signature] Title: EIT 3 Date: 1/21/11

CONDITIONS OF APPROVAL, IF ANY:

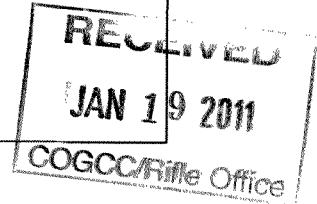
TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 66571 API Number: 05-045-20093-00
2. Name of Operator: OXY USA WTP LP OGCC Facility ID #
3. Well/Facility Name: Cascade Creek Well/Facility Number: 697-08-35A
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 697-08-35A well was originally permitted to an MD of 8975'.
The new MD will be 9150'.
There will be no change to the objective formations due to the increase in MD.