

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	Complete the Attachment Checklist OP OGCC
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: 05-045-20057-00	OGCC Facility ID Number:	Survey Plat
6. Well/Facility Name: Cascade Creek	7. Well/Facility Number: 697-08-33B	Directional Survey
8. Location (Qtr/Tr, 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

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/Tr, 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 **Remove from surface bond**
 Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____
 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.)

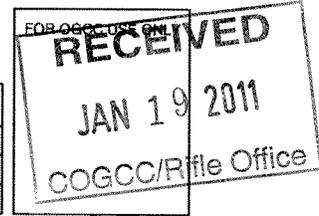
<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input checked="" type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<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: EIT 3 Date: 1/21/11
 CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



1. OGCC Operator Number:	66571	API Number:	05-045-20057-00
2. Name of Operator:	OXY USA WTP LP	OGCC Facility ID #	
3. Well/Facility Name:	Cascade Creek	Well/Facility Number:	697-08-33B
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 697-08-33B well was originally permitted to an MD of 9352'.
The new MD will be 9550'.
There will be no change to the objective formations due to the increase in MD.