

State of Colorado  
Oil and Gas Conservation Cor

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: 1



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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 City: Houston State: TX Zip: 77227-7757	Fax: 970-263-3694
5. API Number 05-045-20079-00	OGCC Facility ID Number
6. Well/Facility Name: Cascade Creek	7. Well/Facility Number 697-08-52A
8. Location (Qtr, Sec, Twp, Rng, Meridian): NWSE 8 6S 97W 6 PM	Survey Plat
9. County: Garfield	Directional Survey
10. Field Name: Grand Valley	Surface Eqmnt Diagram
11. Federal, Indian or State Lease Number: N/A	Technical Info Page X
	Other

Complete the Attachment  
Checklist

OP OGCC

RECEIVED

JAN 19 2011

OGCC/Rifle Office

## General Notice

<input type="checkbox"/> <b>CHANGE OF LOCATION: Attach New Survey Plat</b> (a change of surface qtr/qtr is substantive and requires a new permit)	
Change of <b>Surface</b> Footage from Exterior Section Lines:	<input type="checkbox"/> FNU/FSL <input type="checkbox"/> FEL/FWL
Change of <b>Surface</b> Footage to Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/>
Change of <b>Bottomhole</b> Footage from Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/>
Change of <b>Bottomhole</b> Footage to Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/> attach directional survey
Bottomhole location Qtr/Sec, Twp, Rng, Mer	
Latitude	Distance to nearest property line
Longitude	Distance to nearest lease line
Ground Elevation	Distance to nearest well same formation
	Distance to nearest bldg, public rd, utility or RR
	Is location in a High Density Area (rule 603b)? Yes/No
	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>	<input type="checkbox"/> <b>Remove from surface bond</b>
Formation Formation Code Spacing order number Unit Acreage Unit configuration	Signed surface use agreement attached
<input type="checkbox"/> <b>CHANGE OF OPERATOR (prior to drilling):</b>	<input type="checkbox"/> <b>CHANGE WELL NAME</b> NUMBER
Effective Date:	From:
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	To:
	Effective Date:
<input type="checkbox"/> <b>ABANDONED LOCATION:</b>	<input type="checkbox"/> <b>NOTICE OF CONTINUED SHUT IN STATUS</b>
Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date well shut in or temporarily abandoned:
Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Ready for Inspection:	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 cbi 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: 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 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:
	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: Date: 01/19/2011 Email: joan\_proulx@oxy.com  
Print Name: Joan Proulx Title: Regulatory Analyst

OGCC Approved: Title: EIT 3 Date: 1/24/11

CONDITIONS OF APPROVAL, IF ANY:

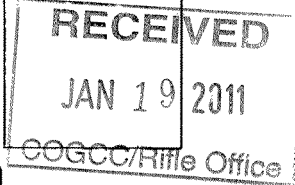
TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 66571 API Number: 05-045-20079-00  
2. Name of Operator: OXY USA WTP LP OGCC Facility ID #           
3. Well/Facility Name: Cascade Creek Well/Facility Number: 697-08-52A  
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 697-08-52A well was originally permitted to an MD of 8846'.  
The new MD will be 9050'.  
There will be no change to the objective formations due to the increase in MD.