



02121025

Oil and Gas Conservation Committee

1120 Lincoln Street, Suite 901, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



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	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	Fax: 970-263-3694
City: Houston State: TX Zip: 77227-7757	
5. API Number: 05-045-20067-00	OGCC Facility ID Number:
6. Well/Facility Name: Cascade Creek	7. Well/Facility Number: 697-08-27A
8. Location (Qtr, Sec, Twp, Rng, Meridian): NWSE 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

Survey Plat	
Directional Survey	
Surface Eqmnt Diagram	
Technical Info Page	X
Other	

General Notice

<input type="checkbox"/> 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:	<table border="1"><tr><td></td><td>FNL/FSL</td><td>FEL/FWL</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>		FNL/FSL	FEL/FWL									
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Bottomhole location Qtr/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:												
GPS DATA:													
Date of Measurement PDOP Reading Instrument Operator's Name													
<input type="checkbox"/> CHANGE SPACING UNIT													
Formation Formation Code Spacing order number Unit Acreage Unit configuration													
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):													
Effective Date:													
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual													
<input type="checkbox"/> CHANGE WELL NAME NUMBER													
From:													
To:													
Effective Date:													
<input type="checkbox"/> ABANDONED LOCATION:													
Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Date Ready for Inspection:													
<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS													
Date well shut in or temporarily abandoned:													
Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No													
MIT required if shut in longer than two years. Date of last MIT													
<input type="checkbox"/> SPUD DATE:													
<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)													
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK													
Method used Cementing tool setting/perf depth Cement volume Cement top Cement bottom Date													
<input type="checkbox"/> RECLAMATION: 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"/> Notice of Intent	<input type="checkbox"/> 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 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: Joan Proulx Date: 01/19/2011 Email: joan_proulx@oxy.com

Print Name: Joan Proulx Title: Regulatory Analyst

COGCC Approved: [Signature] Title: ERT 3 Date: 1/24/11

CONDITIONS OF APPROVAL, IF ANY:



Page 2

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 66571	API Number: 05-045-20067-00
2. Name of Operator: OXY USA WTP LP	OGCC Facility ID #
3. Well/Facility Name: Cascade Creek	Well/Facility Number: 697-08-27A
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.

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OGCC/Rifle Office

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

The Cascade Creek 697-08-27A well was originally permitted to an MD of 9147'.

The new MD will be 9350'.

There will be no change to the objective formations due to the increase in MD.