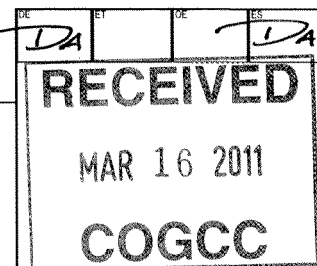




State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, 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.)

1. OGCC Operator Number: <u>66571</u>	4. Contact Name <u>Daniel I. Padilla</u>	Complete the Attachment Checklist  OP OGCC
2. Name of Operator: <u>OXY USA WTP LP</u>	Phone: <u>970.263.3637</u>	
3. Address: <u>760 Horizon Drive, Suite 101</u> City: <u>Grand Junction</u> State: <u>CO</u> Zip: <u>81506</u>	Fax: <u>970.263.3694</u>	
5. API Number <u>05-045-07210</u>	OGCC Facility ID Number	
6. Well/Facility Name: <u>Cascade Creek</u>	7. Well/Facility Number <u>605-2</u>	Survey Plat
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): <u>NWSE, Sec 5, T6S, R97W, 6th PM</u>		Directional Survey
9. County: <u>Garfield</u>	10. Field Name: <u>Grand Valley</u>	Surface Eqmpt Diagram
11. Federal, Indian or State Lease Number:		Technical Info Page <input checked="" type="checkbox"/>
		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 <b>Surface</b> Footage from Exterior Section Lines:	<table><tr><td></td><td>FNL/FSL</td><td></td><td>FEL/FWL</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>Change of <b>Surface</b> Footage to Exterior Section Lines:</td><td></td><td></td><td></td></tr><tr><td>Change of <b>Bottomhole</b> Footage from Exterior Section Lines:</td><td></td><td></td><td></td></tr><tr><td>Change of <b>Bottomhole</b> Footage to Exterior Section Lines:</td><td></td><td></td><td></td></tr></table>		FNL/FSL		FEL/FWL					Change of <b>Surface</b> Footage to Exterior Section Lines:				Change of <b>Bottomhole</b> Footage from Exterior Section Lines:				Change of <b>Bottomhole</b> Footage to Exterior Section Lines:			
	FNL/FSL		FEL/FWL																		
Change of <b>Surface</b> Footage to Exterior Section Lines:																					
Change of <b>Bottomhole</b> Footage from Exterior Section Lines:																					
Change of <b>Bottomhole</b> Footage to Exterior Section Lines:																					
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer																					
Latitude	Distance to nearest property line																				
Longitude	Distance to nearest bldg, public rd, utility or RR																				
Ground Elevation	Distance to nearest lease line																				
	Is location in a High Density Area (rule 603b)? Yes/No																				
	Distance to nearest well same formation																				
	Surface owner consultation date:																				
GPS DATA:																					
Date of Measurement	PDOP Reading																				
	Instrument Operator's Name																				
<input type="checkbox"/> CHANGE SPACING UNIT	<input type="checkbox"/> Remove from surface bond																				
Formation	Signed surface use agreement attached																				
Formation Code																					
Spacing order number																					
Unit Acreage																					
Unit configuration																					
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	<input type="checkbox"/> CHANGE WELL NAME																				
Effective Date:	From:																				
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	To:																				
	Effective Date:																				
<input type="checkbox"/> ABANDONED LOCATION:	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS																				
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"/> 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																					
*submit cbl and cement job summaries																					
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

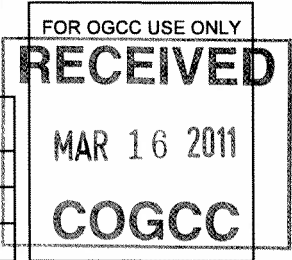
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Report of Work Done
Approximate Start Date: <u>3/25/2011</u>	Date Work Completed:
Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)	
<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input checked="" type="checkbox"/> Request to Vent or Flare
<input 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 checked="" type="checkbox"/> Other: <u>BRADENHEAD VENT</u> for Spills and Releases
	<input type="checkbox"/> E&P Waste Disposal
	<input type="checkbox"/> Beneficial Reuse of E&P Waste
	<input type="checkbox"/> Status Update/Change of Remediation Plans

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: [Signature] Date: 3/11/11 Email: daniel\_padilla@oxy.com  
Print Name: Daniel I. Padilla Title: Regulatory Advisor

COGCC Approved: [Signature] Title: PE II Date: 8/1/2011  
CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



1. OGCC Operator Number:	66571	API Number:	05-045-07210
2. Name of Operator:	OXY USA WTP LP	OGCC Facility ID #	
3. Well/Facility Name:	Cascade Creek	Well/Facility Number:	605-2
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	NWSE, Sec 5, T6S, R97W, 6th 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

OXY is requesting to vent the Cascade Creek 605-2 well for a 90-day period.  
Proposed venting program: Every 26 days the bradenhead valve will be shut in for 24-48 hours and then the Bradenhead pressure will be recorded. The Bradenhead will then be opened to vent.