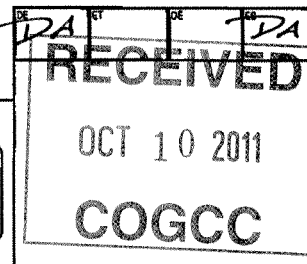




02055277

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: 66561	4. Contact Name: Joan Proulx	Complete the Attachment Checklist OP OGCC
2. Name of Operator: OXY USA Inc., 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: 05-077-09279-00	OGCC Facility ID Number:	Survey Plat
6. Well/Facility Name: Hells Gulch Federal	7. Well/Facility Number: 26-3B	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): SENW 26 8S 92W 6 PM		Surface Eqpm Diagram
9. County: Mesa	10. Field Name: Alkali Creek	Technical Info Page X
11. Federal, Indian or State Lease Number: N/A		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></td><td>FEL/FWL</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>		FNL/FSL		FEL/FWL												
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Change of Bottomhole Footage from Exterior Section Lines:	<table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>																
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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																	
Formation	Formation Code																
Spacing order number	Unit Acreage																
Unit configuration																	
<input type="checkbox"/> Remove from surface bond																	
Signed surface use agreement attached																	
<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																	
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																	
*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: 10/11/2011	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 checked="" type="checkbox"/> Request to Vent or Flare
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Repair Well
<input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Beneficial Reuse of E&P Waste
	<input type="checkbox"/> Rule 502 variance requested
	<input type="checkbox"/> Status Update/Change of Remediation Plans
	<input checked="" type="checkbox"/> Other: BRADENHEAD VENT for Spills and Releases

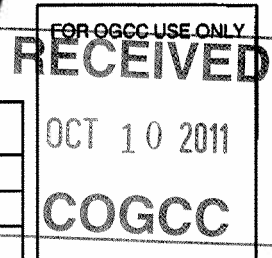
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Joan Proulx Date: 10/11/2011 Email: joan_proulx@oxy.com
Print Name: Joan Proulx Title: Regulatory AnalystCOGCC Approved: David Anderson Title: PE II Date: 10/21/2011

CONDITIONS OF APPROVAL, IF ANY:

1) Approval to vent is not limited to six (6) days. Continuous or intermittent bradenhead venting is approved at the operator's discretion, as necessary to keep bradenhead pressure blown down to < 150 psi. 2) Comply with any Colorado Department of Public Health and Environment, Air Quality Control Division rules or requirements for all atmospheric discharges.

TECHNICAL INFORMATION PAGE



1. OGCC Operator Number:	66561	API Number:	05-077-09279-00
2. Name of Operator:	OXY USA Inc.	OGCC Facility ID #	
3. Well/Facility Name:	Hells Gulch Federal	Well/Facility Number:	26-3B
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	SEnw 26 8S 92W 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

On October 10, 2011, the Hells Gulch Federal 26-3B well recorded a bradenhead pressure reading of 200 psi.

Oxy is requesting to shut in the well periodically over the next 6 days, during which time the well will be vented and bradenhead readings and casing pressure readings will be obtained. A Form 17 will then be submitted.