



FORM 4 Rev 12/05

Page 1

02055372

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax:(303)894-2109



RECEIVED DEC 27 2011 COGCC

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
3. Address: P.O. Box 27757 City: Houston State: TX Zip 77227-7757
5. API Number 05-045-20710-00 OGCC Facility ID Number
6. Well/Facility Name: Cascade Creek 7. Well/Facility Number 697-09-04B
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWSW 4 6S 97W 6 PM
9. County: Garfield 10. Field Name: Grand Valley
11. Federal, Indian or State Lease Number: N/A

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)
CHANGE SPACING UNIT
CHANGE OF OPERATOR (prior to drilling):
CHANGE WELL NAME
ABANDONED LOCATION:
NOTICE OF CONTINUED SHUT IN STATUS
SPUD DATE:
REQUEST FOR CONFIDENTIAL STATUS
SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK
RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.

Technical Engineering/Environmental Notice

Notice of Intent
Report of Work Done
Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)
Intent to Recomplete (submit form 2)
Request to Vent or Flare
E&P Waste Disposal
Change Drilling Plans
Repair Well
Beneficial Reuse of E&P Waste
Gross Interval Changed?
Rule 502 variance requested
Status Update/Change of Remediation Plans
Casing/Cementing Program Change
Other: 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: 12/27/2011 Email: joan.proulx@oxy.com
Print Name: Joan Proulx Title: Regulatory Analyst

COGCC Approved: [Signature] Title PE II Date: 12/27/2011

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY
RECEIVED
DEC 27 2011
COGCC

1. OGCC Operator Number: <u>66571</u>	API Number: <u>05-045-20710-00</u>
2. Name of Operator: <u>OXY USA WTP LP</u>	OGCC Facility ID # _____
3. Well/Facility Name: <u>Cascade Creek</u>	Well/Facility Number: <u>697-09-04B</u>
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	<u>NWSW 4 6S 97W 6 PM</u>

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**

While running surface casing on the Cascade Creek 697-09-04B well, the parasite string became stuck at 2,665'. An attempt was made to free and land out the surface casing string which was unsuccessful. The surface casing shoe was set at 2,665'.

The approved APD indicated a surface casing depth of 2,690'.