

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 | Complete the Attachment Checklist |
| 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 | OP OGCC |
| City: Houston State: TX Zip: 77227-7757 | | |
| 5. API Number: 05-045-21280-00 | OGCC Facility ID Number: | Survey Plat |
| 6. Well/Facility Name: Shell | 7. Well/Facility Number: 797-03-21A | Directional Survey |
| 8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): Tract 71 S3 7S 97W 6 PM | | Surface Eqpm Diagram |
| 9. County: Garfield | 10. Field Name: Grand Valley | 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: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change of Surface Footage to Exterior Section Lines: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change of Bottomhole Footage from Exterior Section Lines: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change of Bottomhole Footage to Exterior Section Lines: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer | | | attach directional survey |
| Latitude | Distance to nearest property line | Distance to nearest bldg, public rd, utility or RR | |
| Longitude | Distance to nearest lease line | Is location in a High Density Area (rule 603b)? | Yes/No <input type="checkbox"/> |
| Ground Elevation | 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 Formation Code Spacing order number Unit Acreage Unit configuration | Signed surface use agreement attached |
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| | | |
|---|---|--------|
| <input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): | <input type="checkbox"/> CHANGE WELL NAME | NUMBER |
| 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

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|---|--|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Report of Work Done |
| Approximate Start Date: | Date Work Completed: |

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

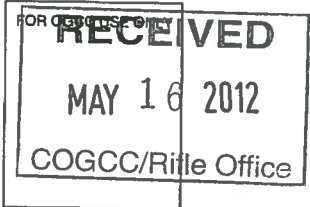
| | | |
|---|--|--|
| <input type="checkbox"/> Intent to Recomplete (submit form 2) | <input type="checkbox"/> Request to Vent or Flare | <input type="checkbox"/> E&P Waste Disposal |
| <input type="checkbox"/> Change Drilling Plans | <input type="checkbox"/> Repair Well | <input type="checkbox"/> Beneficial Reuse of E&P Waste |
| <input type="checkbox"/> Gross Interval Changed? | <input type="checkbox"/> Rule 502 variance requested | <input type="checkbox"/> Status Update/Change of Remediation Plans |
| <input checked="" type="checkbox"/> Casing/Cementing Program Change | <input type="checkbox"/> 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: 5/16/2012 Email: joan_proulx@oxy.comPrint Name: Joan Proulx Title: Regulatory AnalystCOGCC Approved: [Signature] Title: NWAE Date: 5/17/12

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



| | | | |
|--|-------------------------|-----------------------|-----------------|
| 1. OGCC Operator Number: | 66571 | API Number: | 05-045-21280-00 |
| 2. Name of Operator: | OXY USA WTP LP | OGCC Facility ID # | |
| 3. Well/Facility Name: | Shell | Well/Facility Number: | 797-03-21A |
| 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): | Tract 71 S3 7S 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 Shell 797-03-21A well was originally permitted for a surface casing depth of 1,300' with a surface casing hole size of 14 3/4".
The updated casing plan for this well is to land the surface casing at 1,000' and the surface casing hole size will be 12 1/4".

Verbal approval was received from David Andrews on May 16, 2012.