

State of Colorado  
Oil and Gas Conservation Commission

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



2131204

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

OCT 26 2012

COGCC/Rifle Office

1. OGCC Operator Number: 66561	4. Contact Name: Joan Proulx	Complete the Attachment Checklist
2. Name of Operator: OXY USA Inc., Attn: Karen Summers	Phone: 970-263-3641	
3. Address: P.O. Box 27757	Fax: 970-263-3694	OGCC
City: Houston State: TX Zip: 77227-7757		
5. API Number: 05-077-09525-00	OGCC Facility ID Number:	Survey Plat
6. Well/Facility Name: Sikes	7. Well/Facility Number: 21-4A	Directional Survey
8. Location (Qtr/Sec, Twp, Rng, Meridian): SENE 20 9S 94W 6 PM		Surface Eqmt Diagram
9. County: Mesa	10. Field Name: Brush Creek	Technical Info Page
11. Federal, Indian or State Lease Number: N/A		Other

General Notice

☐ **CHANGE OF LOCATION:** Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit; As-built data)

Change of Surface Footage from Exterior Section Lines: ☐ FNL/FSL ☐ FEL/FWL

Change of Surface Footage to Exterior Section Lines: ☐

Change of Bottomhole Footage from Exterior Section Lines: ☐

Change of Bottomhole Footage to Exterior Section Lines: ☐ attach directional survey

Bottomhole location Qtr/Sec, Twp, Rng, Mer: \_\_\_\_\_

Latitude: 39.26538 Distance to nearest property line: \_\_\_\_\_ Distance to nearest bldg, public rd, utility or RR: \_\_\_\_\_

Longitude: -107.89977 Distance to nearest lease line: \_\_\_\_\_ Is location in a High Density Area (rule 603b)? Yes/No: \_\_\_\_\_

Ground Elevation: \_\_\_\_\_ Distance to nearest well same formation: \_\_\_\_\_ Surface owner consultation date: \_\_\_\_\_

**GPS DATA:**  
Date of Measurement: 09/17/2012 PDOP Reading: 4.8 Instrument Operator's Name: B Szabo

☐ **CHANGE SPACING UNIT**  
Formation: \_\_\_\_\_ Formation Code: \_\_\_\_\_ Spacing order number: \_\_\_\_\_ Unit Acreage: \_\_\_\_\_ Unit configuration: \_\_\_\_\_

☐ **Remove from surface bond**  
Signed surface use agreement attached: \_\_\_\_\_

☐ **CHANGE OF OPERATOR (prior to drilling):**  
Effective Date: \_\_\_\_\_  
Plugging Bond: ☐ Blanket ☐ Individual

☐ **CHANGE WELL NAME** NUMBER  
From: \_\_\_\_\_  
To: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

☐ **ABANDONED LOCATION:**  
Was location ever built? ☐ Yes ☐ No  
Is site ready for inspection? ☐ Yes ☐ No  
Date Ready for inspection: \_\_\_\_\_

☐ **NOTICE OF CONTINUED SHUT IN STATUS**  
Date well shut in or temporarily abandoned: \_\_\_\_\_  
Has Production Equipment been removed from site? ☐ Yes ☐ No  
MIT required if shut in longer than two years. Date of last MIT: \_\_\_\_\_

☐ **SPUD DATE:** \_\_\_\_\_

☐ **REQUEST FOR CONFIDENTIAL STATUS** (6 mos from date casing set)

☐ **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: \_\_\_\_\_

☐ **RECLAMATION:** Attach technical page describing final reclamation procedures per Rule 1004  
Final reclamation will commence on approximately: \_\_\_\_\_ ☐ Final reclamation is completed and site is ready for inspection

Technical Engineering/Environmental Notice

☒ **Notice of Intent** Approximate Start Date: 10/10/2012 ☐ **Report of Work Done** 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 type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: Abandon conductor	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: 10/31/2012 Email: joan\_proulx@oxy.com

Print Name: Joan Proulx Title: Regulatory Analyst

COGCC Approved: [Signature] Title: NWAE Date: 10/26/12

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

OCT 26 2012

OGCC/Rifle Office

1. OGCC Operator Number: 66561 API Number: 05-077-09525-00  
2. Name of Operator: OXY USA Inc. OGCC Facility ID #  
3. Well/Facility Name: Stiles Well/Facility Number: 21-4A  
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENE 20 9S 94W 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 Stiles 21-4A well had a conductor set to an approximate depth of 65'.

No further work or drilling has occurred at this well and Oxy has no plans to re-enter and continue drilling this well.

The conductor will be filled with Redimix cement to plug and abandon the conductor.

As-built data was obtained at the conductor.