



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  
4/2/2012

1. OGCC Operator Number: <u>66571</u>	4. Contact Name <u>Sean Norris</u>	Complete the Attachment Checklist  OP OGCC
2. Name of Operator: <u>Oxy USA WTP LP</u>	Phone: <u>970-263-3628</u>	
3. Address: <u>760 Horizon Dr. #101</u> City: <u>Grand Jct</u> State: <u>CO</u> Zip: <u>81506</u>	Fax: <u>970-263-3694</u>	
5. API Number <u>05-45-14445-00</u>	OGCC Facility ID Number <u>Rem # 4620</u>	Survey Plat
6. Well/Facility Name: <u>Cascade Creek</u>	7. Well/Facility Number <u>697-09-61</u>	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): <u>SWSE, 9, T6S, R97W, 6th PM</u>		Surface Eqpm Diagram
9. County: <u>Garfield</u>	10. Field Name: <u>Grand Valley</u>	Technical Info Page <input checked="" type="checkbox"/>
11. Federal, Indian or State Lease Number: _____		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"/> FNU/FSL <input type="checkbox"/> FEL/FWL
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/> attach directional survey
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer	
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 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: _____ NUMBER _____ 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 type="checkbox"/> Notice of Intent Approximate Start Date: _____	<input type="checkbox"/> 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: <u>Extension Request for Repo</u> 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: Sean T. Norris Date: 04/02/2012 Email: sean\_norris@oxy.com  
Print Name: Sean T. Norris Title: Sr. Regulatory Specialist

COGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

- |  |                             |                       |                 |
|--|-----------------------------|-----------------------|-----------------|
| 1. OGCC Operator Number:                       | 66571                       | API Number:           | 05-045-14445-00 |
| 2. Name of Operator:                           | OXY USA WTP LP              | OGCC Facility ID #    | Rem # 4620      |
| 3. Well/Facility Name:                         | Cascade Creek               | Well/Facility Number: | 697-09-61       |
| 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): | SWSE, 9, 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**

Following discussions with Chris Canfield 3/15/2012, on report format and detail of information, a decision on presentation of information has been made. The intent of the format will be to lead Oxy and COGCC staff to a point where a presentation of summary information for the remediation efforts can be made to the Commission. To accomplish the initiation of that data presentation, Oxy is requesting an extension of the expected delivery date of the 2011 4th quarter and year end summary report to April 13, 2012 to allow time to develop the new presentation format.