FORM Rev 12/05

Page 1

State of Colorado



01241859
. 01241859

The second second second second
COLONADO
COLORADO F
~ /
S
76000 C
Parameter State of St
1 Contract
. (MGASI
Allegan Assessment Colors of the

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.)

				10-		1 555	
	OGCC Operator Number: 66571	4. Conta	ict Name	LEOGCC/F	Piffo		
2.	2. Name of Operator: OXY USA WTP LP, Attn: Glenda Jones		Proulx	Complete the Attac	COGCC/Riffs Offic		
3.	Address: P.O. Box 27757	Phone:	970-263-3641	Checklist			
	City: Houston State: TX Zip 77227-7757	Fax:	970-263-3694		OP O	GCC	
5.	API Number 05-045-18350-00 OGCC Fa	OGCC Facility ID Number		Survey Plat	П		
		lity Number	697-08-39	Directional Survey			
8.	Location (QtrQtr, Sec, Twp, Rng, Meridian): NESE 8 6S 97W 6	PM		Surface Eqpmt Diagram			
	County: Garfield 10. Field	Name: Grand	i Valley	Technical Info Page	X		
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) **FNL/FSL** FEL/FWI Change of Surface Footage from Exterior Section Lines: 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/Qtr, Sec, Twp, Rng, Mer 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 **Ground Elevation** Distance to nearest well same formation Surface owner consultation date: GPS DATA: Date of Measurement PDOP Reading Instrument Operator's Name CHANGE SPACING UNIT Remove from surface bond Formation Code Spacing order number Unit Acreage Unit configuration Signed surface use agreement attached CHANGE OF OPERATOR (prior to drilling): CHANGE WELL NAME NUMBER Effective Date: Plugging Bond: Blanket Individual To: Effective Date: ABANDONED LOCATION: NOTICE OF CONTINUED SHUT IN STATUS Was location ever built? Date well shut in or temporarily abandoned: Is site ready for Inspection? Has Production Equipment been removed from site? No Date Ready for Inspection: 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 X Notice of Intent 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.) Intent to Recomplete (submit form 2) Request to Vent or Flare E&P Waste Disposal X 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. 12/15/2010 Date: Email: joan_proulx@oxy.com Print Name: Joan Prouix Title: **Regulatory Analyst**

COGCC Approved: CONDITIONS OF APPROVAL, IF ANY: Title

Date: 12/20/10

	FORM 4 TECHNICAL INFORMATION F	AGE RECTIONATE OF THE PROPERTY	FOR OGCC USE ONLY
1.	OGCC Operator Number: 66571 API Number: Name of Operator: OXY USA WTP LP O	05-045-18350-00 GCC Facility ID #	RECEIVED
3. 4.	Well/Facility Name: Cascade Creek Well/	Facility Number: 697-08-39	DEO 15 2010
100	his form is to be completed whenever a Sundry Notice is submitted requiring detail ompleted. This form shall be transmitted within 30 days of work completed as a "se page 1.	ed report of work to be negtermed as	S GCC/Din

DESCRIBE PROPOSED OR COMPLETED OPERATIONS

The Cascade Creek 697-08-39 well was originally permitted to an MD of 8816'. Oxy proposes to increase the MD to 9050', an increase of 234'.

There is no change in the objective formations as a result of the increase in MD.