

State of Colorado
Oil and Gas Conservation Commission

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

02121367



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

DEC 27 2011

COGCC

1. OGCC Operator Number: 66571	4. Contact Name: Joan Proulx	Complete the Attachment Checklist OP OGCC
2. Name of Operator: OXY USA WTP LP, Attn: Glenda Jones	Phone: 970-263-3641	
3. Address: P.O. Box 27757 City: Houston State: TX Zip: 77227-7757	Fax: 970-263-3694	
5. API Number: 05-045-20709-00	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: Cascade Creek	7. Well/Facility Number: 697-04-59A	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWSW 4 6S 97W 6 PM		Surface Eqpm't 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"/> FNL/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
Longitude	Distance to nearest bldg, public rd, utility or RR
Ground Elevation	Distance to nearest lease line
	Is location in a High Density Area (rule 603b)? Yes/No
	Distance to nearest well same formation
	Surface owner consultation date:

GPS DATA:

Date of Measurement PDOP Reading Instrument Operator's Name

☐ 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 NAMEFrom: NUMBER
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 STATUSDate 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: 12/30/2011

☐ Report of Work Done

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☐ 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:

Date: 12/27/2011

Email:

joan_proulx@oxy.com

Print Name:

Joan Proulx

Title:

Regulatory Analyst

COGCC Approved:

Title

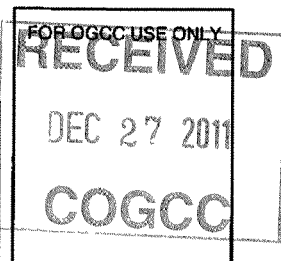
NWA Engineer

Date:

12/29/11

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



1. OGCC Operator Number:	66571	API Number:	05-045-20709-00
2. Name of Operator:	OXY USA WTP LP	OGCC Facility ID #	
3. Well/Facility Name:	Cascade Creek	Well/Facility Number:	697-04-59A
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	NWSW 4 6S 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

Due to restrictions and issues encountered while drilling the surface casing on wells located on the 697-04D pad, Oxy is proposing to change the surface casing depth on the remaining wells to 2,400'.

The 697-04-59A well has an approved APD which indicates a proposed surface casing depth of 2,690'.

This plan was approved by David Andrews via email on 12/24/2011.