

FORM
42
Rev
03/12



OGCC RECEPTION

Receive Date:
04/26/2012

Document Number:
400276985

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 66571 Contact Person: Darryle Clark
Company Name: OXY USA WTP LP Phone: (970) 812-0018
Address: P O BOX 27757 Fax: ()
City: HOUSTON State: TX Zip: 77227 Email: GJRig-1@oxy.com

API #: 05 - 045 - 20724 - 00 Facility ID: _____ Location ID: _____
Facility Name: Cascade Creek 697-04-59B
Sec: 4 Twp: 6S Range: 97W QtrQtr: NWSW Lat: 39.548870 Long: -108.230110

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 04/26/2012 Time: 07:50 (HH:MM)

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Joan Proulx Email: joan_proulx@oxy.com
Signature: _____ Title: Regulatory Analyst Date: 04/26/2012