

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**05/22/2012**  
Document Number:  
**400287319**

**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: GJrig01@oxy.com  
API #: 05 - 045 - 17892 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Shell 797-03-29B  
Sec: 3 Twp: 7S Range: 97W QtrQtr: Tct 71 Lat: 39.479589 Long: -108.202000

**NOTICE OF SPUD – 48-hour notice required** **Surface Hole Spud ONLY**

Spud Date: 05/22/2012 Time: 06:00 (HH:MM)  
Rig Name: H&P 330

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: Darryle Clark Email: GJrig01@oxy.com  
Signature: \_\_\_\_\_ Title: DSM Date: 05/22/2012