

FORM  
42

Rev  
03/12

State of Colorado  
Oil and Gas Conservation Commission

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



OGCC RECEPTION

Receive Date:

05/28/2012

Document Number:

400289706

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>66571</u>	Contact Person: <u>Darryle Clark</u>
Company Name: <u>OXY USA WTP LP</u>	Phone: <u>(970) 812-0018</u>
Address: <u>P O BOX 27757</u>	Fax: <u>( )</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227</u>	Email: <u>gjrjg01@oxy.com</u>
API #: <u>05 - 045 - 21280 - 00</u> Facility ID: _____ Location ID: _____	
Facility Name: <u>Shell 797-03-21A</u>	
Sec: <u>3</u> Twp: <u>7S</u> Range: <u>97W</u> QtrQtr: <u>Tct 71</u>	Lat: <u>39.479580</u> Long: <u>-108.202080</u>

**BLOW OUT PREVENTER TEST – 24-Hour notice**

Test Date: 05/29/2012 Time: 11:30 (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: <u>Darryle Clark</u>	Email: <u>gjrjg01@oxy.com</u>
Signature: _____	Title: <u>DSM</u> Date: <u>05/28/2012</u>