



NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 66571 Contact Person: Christina Pierce
Company Name: OXY USA WTP LP Phone: (970) 263-3600
Address: P O BOX 27757 Fax: (970) 263-3698
City: HOUSTON State: TX Zip: 77227 Email: christina_pierce@oxy.com

API #: 05 - 045 - 20713 - 00 Facility ID: _____ Location ID: _____
Facility Name: Cascade Creek 697-04-68
Sec: 4 Twp: 6S Range: 97W QtrQtr: NWSW Lat: 39.548860 Long: -108.230130

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 06/12/2012 Time: 08:00 (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: Christina Pierce Email: Christina_Pierce@oxy.com
Signature: Christina Pierce Title: Engineering Asst Date: 06/12/2012