



NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 66571 Contact Person: Ken McKinney
Company Name: OXY USA WTP LP Phone: (970) 985-0384
Address: P O BOX 27757 Fax: (970) 263-3694
City: HOUSTON State: TX Zip: 77227 Email: ken_mckinney@oxy.com

API #: 05 - 045 - 06871 - 00 Facility ID: _____ Location ID: _____
Facility Name: CASCADE CREEK 604-1
Sec: 4 Twp: 6S Range: 97W QtrQtr: SWSW Lat: 39.546490 Long: -108.230500

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 06/29/2012 Time: 08:00 (HH:MM) Underground Injection Control(UIC) Well? Yes

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: 06/21/2012