

FORM
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OGCC RECEPTION

Receive Date:
07/05/2012

Document Number:
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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 - 20960 - 00 Facility ID: _____ Location ID: _____
Facility Name: Cascade Creek 697-05-67B
Sec: 8 Twp: 6S Range: 97W QtrQtr: NENW Lat: 39.543710 Long: -108.246430

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 07/11/2012 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 Tech Date: 07/05/2012