

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**07/05/2012**  
Document Number:  
**400309865**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 66561 Contact Person: Christina Pierce  
Company Name: OXY USA INC Phone: (970) 263-3600  
Address: PO BOX 27757 Fax: ( )  
City: HOUSTON State: TX Zip: 77227 Email: christina\_pierce@oxy.com  
API #: 05 - - - Facility ID: 159275 Location ID: \_\_\_\_\_  
Facility Name: LOGAN TRAIL 28-10 SWD  
Sec: 28 Twp: 7S Range: 97W QtrQtr: NESE Lat: \_\_\_\_\_ Long: \_\_\_\_\_

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**  
Date of Treatment: 07/10/2012 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