

FORM  
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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:  
**10/19/2012**

Document Number:  
**400337522**

**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 - 20966 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Cascade Creek 697-05-61  
Sec: 8 Twp: 6S Range: 97W QtrQtr: NENW Lat: 39.543680 Long: -108.246410

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 10/23/2012 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: 10/19/2012