

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**11/01/2012**  
Document Number:  
**400342109**

**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 - 21442 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Shell 797-03-13A  
Sec: 3 Twp: 7S Range: 97W QtrQtr: TCT 71 Lat: 39.479583 Long: -108.202114

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**  
Date of Treatment: 11/05/2012 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: 11/01/2012