

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
03/15/2013
Document Number:
400391553

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 - 17892 - 00 Facility ID: _____ Location ID: _____
Facility Name: Shell 797-03-29B
Sec: 3 Twp: 7S Range: 97W QtrQtr: Tct 71 Lat: 39.479580 Long: -108.202000

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 03/20/2013 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: 03/15/2013