

FORM  
42  
Rev  
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OGCC RECEPTION

Receive Date:  
**07/19/2013**

Document Number:  
**400450934**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 66561 Contact Person: Ken McKinney  
Company Name: OXY USA INC Phone: (970) 985-0384  
Address: PO BOX 27757 Fax: (970) 263-3694  
City: HOUSTON State: TX Zip: 77227 Email: ken\_mckinney@oxy.com  
API #: 05 - - - Facility ID: 159232 Location ID: \_\_\_\_\_  
Facility Name: MY WAY RANCH 17-2 SWD  
Sec: 17 Twp: 10S Range: 94W QtrQtr: SWNE Lat: \_\_\_\_\_ Long: \_\_\_\_\_

**MECHANICAL INTEGRITY TEST – 10-DAY NOTICE**

Test Date: 07/22/2013 Time: 08:00 (HH:MM) Underground Injection Control(UIC) Well? Yes

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: Joan Proulx Email: joan\_proulx@oxy.com  
Signature: \_\_\_\_\_ Title: Regulatory Date: 07/19/2013