

FORM
42

Rev
03/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

04/04/2012

Document Number:

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 66571 Contact Person: Christina Pierce
Company Name: OXY USA WTP LP Phone: (970) 2633626
Address: P O BOX 27757 Fax: (970) 2633698
City: HOUSTON State: TX Zip: 77227 Email: christina_pierce@oxy.com
API #: 05 - 045 - 20379 - 00 Facility ID: _____ Location ID: _____
Facility Name: Cascade Creek 697-05-53A
Sec: 5 Twp: 6S Range: 97W QtrQtr: Lot 14 Lat: 39.554450 Long: -108.242390

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 04/10/2012 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: _____ Title: Engineering Tech Date: 04/04/2012