

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**05/14/2012**  
Document Number:  
**400284095**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>66571</u>	Contact Person: <u>Terry Rosser</u>
Company Name: <u>OXY USA WTP LP</u>	Phone: <u>(970) 986-4409</u>
Address: <u>P O BOX 27757</u>	Fax: <u>( )</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227</u>	Email: <u>GJRig02@oxy.com</u>
API #: <u>05 - 045 - 20961 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>Cascade Creek 697-08-02B</u>	
Sec: <u>8</u> Twp: <u>6S</u> Range: <u>97W</u> QtrQtr: <u>NENW</u>	Lat: <u>39.543670</u> Long: <u>-108.246440</u>

**BLOW OUT PREVENTER TEST – 24-Hour notice**

Test Date: 05/14/2012 Time: 05:54 (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: Joan Proulx Email: joan\_proulx@oxy.com

Signature: \_\_\_\_\_ Title: Regulatory Analyst Date: 05/14/2012