

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**07/05/2012**  
Document Number:  
**400302436**

**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 - 20955 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Cascade Creek 697-05-73  
Sec: 8 Twp: 6S Range: 97W QtrQtr: NENW Lat: 39.543740 Long: -108.246480

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 07/11/2012 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: 07/05/2012