

FORM
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Rev
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OGCC RECEPTION
Receive Date:
10/23/2012
Document Number:
400338604

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>66561</u>	Contact Person: <u>Gary Mathews</u>
Company Name: <u>OXY USA INC</u>	Phone: <u>(970) 462-1214</u>
Address: <u>PO BOX 27757</u>	Fax: <u>(970) 263-3694</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227</u>	Email: <u>gary_mathews@oxy.com</u>
API #: <u>05 - 077 - 08895 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>HELLS GULCH FEDERAL 26-6</u>	
Sec: <u>26</u> Twp: <u>8S</u> Range: <u>92W</u> QtrQtr: <u>SENW</u>	Lat: <u>39.334916</u> Long: <u>-107.638444</u>

BRADENHEAD TEST – 48-hour Notice

Test Date: 10/26/2012 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: Joan Proulx Email: joan_proulx@oxy.com

Signature: _____ Title: Regulatory Analyst Date: 10/23/2012