

FORM
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Rev
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OGCC RECEPTION

Receive Date:
10/23/2012

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400338609

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 66561 Contact Person: Gary Mathews
Company Name: OXY USA INC Phone: (970) 462-1214
Address: PO BOX 27757 Fax: (970) 263-3694
City: HOUSTON State: TX Zip: 77227 Email: gary_mathews@oxy.com
API #: 05 - 077 - 09279 - 00 Facility ID: _____ Location ID: _____
Facility Name: HELLS GULCH FED. 26-3B
Sec: 26 Twp: 8S Range: 92W QtrQtr: SEnw Lat: 39.334951 Long: -107.638433

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