

FORM  
42  
Rev  
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OGCC RECEPTION

Receive Date:  
**10/23/2012**

Document Number:  
**400338625**

**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 - 09156 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: HIDDEN CREEK WEST FED 23-2  
Sec: 14 Twp: 8S Range: 92W QtrQtr: SESW Lat: 39.354700 Long: -107.635960

**BRADENHEAD TEST – 48-hour Notice**

Test Date: 10/27/2012 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