

FORM
42
Rev
03/12



OGCC RECEPTION

Receive Date:
05/16/2013

Document Number:
400419412

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 66571 Contact Person: Joan Proulx
Company Name: OXY USA WTP LP Phone: (970) 263-3641
Address: P O BOX 27757 Fax: (970) 263-3694
City: HOUSTON State: TX Zip: 77227 Email: joan_proulx@oxy.com
API #: 05 - 045 - - Facility ID: _____ Location ID: 335480
Facility Name: CASCADE CREEK-67S97W 6NENE
Sec: 6 Twp: 7S Range: 97W QtrQtr: NENE Lat: 39.480783 Long: -108.253968

NOTICE OF INSPECTION CORRECTIVE ACTIONS PERFORMED

Corrective Actions required by field inspection document # 663800863 have been performed on 05/15/2013
Site is ready for re-inspection.

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 Coordinator Date: 05/16/2013