

FORM
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Rev
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OGCC RECEPTION
Receive Date:
07/01/2013
Document Number:
400441361

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>66561</u>	Contact Person: <u>Ken McKinney</u>
Company Name: <u>OXY USA INC</u>	Phone: <u>(970) 985-0384</u>
Address: <u>760 HORIZON DR #101</u>	Fax: <u>(970) 263-3694</u>
City: <u>GRAND JUNCTION</u> State: <u>CO</u> Zip: <u>81506</u>	Email: <u>ken_mckinney@oxy.com</u>
API #: <u>05 - - -</u> Facility ID: <u>159232</u> Location ID: _____	
Facility Name: <u>MY WAY RANCH 17-2 SWD</u>	
Sec: <u>17</u> Twp: <u>10S</u> Range: <u>94W</u> QtrQtr: <u>SWNE</u> Lat: _____ Long: _____	

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 07/15/2013 Time: 10:00 (HH:MM) Underground Injection Control(UIC) Well? Yes

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 Date: 07/01/2013