

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**08/15/2013**  
Document Number:  
**400468159**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>66571</u>	Contact Person: <u>Joan Proulx</u>
Company Name: <u>OXY USA WTP LP</u>	Phone: <u>(970) 263-3641</u>
Address: <u>P O BOX 27757</u>	Fax: <u>(970) 263-3694</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227</u>	Email: <u>joan_proulx@oxy.com</u>
API #: <u>05 - 045 -</u> Facility ID: _____	Location ID: <u>335643</u>
Facility Name: <u>Cascade Creek 697-16-28</u>	
Sec: <u>16</u> Twp: <u>6S</u> Range: <u>97W</u> QtrQtr: <u>SENW</u>	Lat: <u>39.524160</u> Long: <u>-108.225175</u>

**NOTICE OF INSPECTION CORRECTIVE ACTIONS PERFORMED**

Corrective Actions required by field inspection document # 663801384 have been performed on 08/14/2013  
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 Date: 08/15/2013