

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**08/28/2013**  
Document Number:  
**400473671**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 66561 Contact Person: Ken McKinney  
Company Name: OXY USA INC Phone: (970) 985-0384  
Address: 760 HORIZON DR #101 Fax: (970) 263-3694  
City: GRAND JUNCTION State: CO Zip: 81506 Email: ken\_mckinney@oxy.com  
API #: 05 - 077 - 09520 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: STITES 20-7B  
Sec: 20 Twp: 9S Range: 94W QtrQtr: SENE Lat: 39.265364 Long: -107.900043

**MECHANICAL INTEGRITY TEST – 10-DAY NOTICE**

Test Date: 09/09/2013 Time: 08:00 (HH:MM) Underground Injection Control(UIC) Well? No

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: 08/28/2013