

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**01/28/2014**  
Document Number:  
**400546698**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>66571</u>	Contact Person: <u>Ken McKinney</u>
Company Name: <u>OXY USA WTP LP</u>	Phone: <u>(970) 985-0384</u>
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City: <u>GRAND JUNCTION</u> State: <u>CO</u> Zip: <u>81506</u>	Email: <u>ken_mckinney@oxy.com</u>
API #: <u>05 - 045 - 16009 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>CASCADE CREEK 697-09-54B</u>	
Sec: <u>9</u> Twp: <u>6S</u> Range: <u>97W</u> QtrQtr: <u>SWSE</u>	Lat: <u>39.531150</u> Long: <u>-108.223360</u>

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

Test Date: 02/07/2014 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: 01/28/2014