



OCCIDENTAL OIL AND GAS CORPORATION PROPERTY OWNERSHIP SYSTEM

OWNER CROSS REFERENCE

Owner Number	Owner Name and Description	Revenue Address Information									
098895	LAUREN LEE HOUSE	01-REVENUE OWNER									
Division Order Number	Division Order Description	Int Type	Eff. Date	DO Net Interest	Transfer Pending?	Prod Code	DO Net Interest	Pay Code	Susp Resn	Prct Disp	Adr Ind
7-3003220-90640	LILLIE #3 Tract: Participation: OXY USA INC , Operator LEA CO,NM Status-ACTIVE	RI	01/2008	0.00366210		LPG	0.00366210	PAY		RCW	01
						OIL	0.00366210	PAY		RCW	01
						CHG	0.00366210	PAY		RCW	01
7-3003220-90706	LILLIE #5 Tract: Participation: OXY USA INC , Operator LEA CO,NM Status-ACTIVE	RI	01/2008	0.00366210		OIL	0.00366210	PAY		RCW	01
						LPG	0.00366210	PAY		RCW	01
						CHG	0.00366210	PAY		RCW	01
7-3003220-90711	LILLIE #1 Tract: Participation: OXY USA INC , Operator LEA CO,NM Status-ACTIVE	RI	01/2008	0.00366210		CHG	0.00366210	PAY		RCW	01
						LPG	0.00366210	PAY		RCW	01
						OIL	0.00366210	PAY		RCW	01
7-3003220-90712	LILLIE #4 Tract: Participation: OXY USA INC , Operator LEA CO,NM Status-ACTIVE	RI	01/2008	0.00366210		CHG	0.00366210	PAY		RCW	01
						LPG	0.00366210	PAY		RCW	01
						OIL	0.00366210	PAY		RCW	01
7-3003220-90713	LILLIE #2 Tract: Participation: OXY USA INC , Operator LEA CO,NM Status-ACTIVE	RI	01/2008	0.00366210		CHG	0.00366210	PAY		RCW	01
						LPG	0.00366210	PAY		RCW	01
						OIL	0.00366210	PAY		RCW	01

Owner No: 098895 LAUREN LEE HOUSE

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OCCIDENTAL OIL AND GAS CORPORATION PROPERTY OWNERSHIP SYSTEM

OWNER CROSS REFERENCE DO Legal Description Listing

Owner Number	Owner Name and Description	Revenue Address Information
098895	LAUREN LEE HOUSE	01-REVENUE OWNER

Division Order Number	Division Order Description	Legal Description
7-3003220 -90706	LILLIE #5	County: LEA; State: NM; Well Loc: 40.00 ACS, M/L, SE/4NW/4 OF SEC 23, T24S-R37E, LEA COUNTY, NM.HBP: LILLIE #4HBP: LIL #5 (A700314)
7-3003220 -90711	LILLIE #1	County: LEA; State: NM; Well Loc: 40.00 ACS, M/L, NW/4NW/4 C SEC 23, T24S-R37E, LEA COUNTY, NM.LTD: BELOW 4,000'HBI LILLIE #1 (A700024)00
7-3003220 -90640	LILLIE #3	County: LEA; State: NM; Well Loc: 40 ACS, M/L, BEING SW/4 NV OF SECTION 23-T24S-R37E, BELOW4,000', LEACOUNTY, NEW MEXICOHBP: LILLIE #3 (A700021.D)
7-3003220 -90712	LILLIE #4	County: LEA; State: NM; Well Loc: 40.00 ACS, M/L, SE/4NW/4 OF SEC 23, T24S-R37E, LEA COUNTY, NM.LTD: BELOW 4,000'HBI LILLIE #4 (A700023)HBP: LILLIE #5 (A700314)
7-3003220 -90713	LILLIE #2	County: LEA; State: NM; Well Loc: 20 AC INFILL SHARING WITH THE LILLIE #1, NW/4 NW/4 OF SECTION 23-T24S-R37E,BELOV 4,000', LEA COUNTY, NEW MEXICOHBP: LILLIE #2 (A700022)

Owner No: 098895 LAUREN LEE HOUSE

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Carol Smith

OXY.COM Revenues thru 10-25-2012

To: RE: House RI Owner # -098895
Subject: RE: House RI Owner # -098895

From: oxy.com
Sent: Friday, October 26, 2012 6:21 AM
To: carol@csassets.com
Subject: RE: House RI Owner # -098895

Good Morning Carol,

The account is listed as Trudy A Nowak Bankruptcy Trustee (F/A/O Lauren Lee House)

Owner No.	Check Date	Owner Co	Check No	Total Amount
Select	10/25/2012	273	1630116	\$85.42
Select	9/25/2012	273	1603163	\$136.74
Select	8/25/2012	273	1584681	\$119.33
Select	7/25/2012	273	1565758	\$120.22
Select	6/25/2012	273	1547373	\$175.10
Select	5/25/2012	273	1528333	\$337.38
Select	3/25/2012	273	1490802	\$160.65
Select	2/25/2012	273	1473629	\$160.72
Select	1/25/2012	273	1454504	\$195.87
Select	11/25/2011	273	1413155	\$107.69
Select	10/25/2011	273	1390679	\$211.92
Select	10/25/2011	246	1401266	\$92.67

PAYOR'S name, street address, city, state, and ZIP code

OXY USA INC
ROOM 13.107
P O BOX 27570
HOUSTON, TX 77227

website: www.oxyroyalty.com 713-350-4880

Email: owner_relations@oxy.com

PAYOR'S Federal identification number RECIPIENT'S identification number

RECIPIENT'S name and address

LAUREN LEE HOUSE

Account number (optional)

098895

2nd TIN Not

1 Rents

2 Royalties

\$1,536.34

3 Other Income

4 Federal income tax withheld

\$0.00

6 Medical and health care payments

8 Substitute payments in lieu of dividends or interest

10 Crop insurance proceeds

17 State/Payer's state number

NM

OMB No. 1545-0115

2011
Copy A

Form 1099-MISC

Miscellaneous
Income

5 Fishing boat proceeds

7 Nonemployee compensation

\$0.00

9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale

16 State income tax withheld

\$75.28

18

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form 1099-MISC

Department of the Treasury-Internal Revenue Service

FEDERAL

VOID

CORRECTED (if checked)

PAYOR'S name, street address, city, state, and Zip code OXY USA INC ROOM 13.107 HOUSTON, TX 77227 Email: owner_relations@oxy.com Telephone: 713 350-4880		1 Rents 2 Royalties <p style="text-align: right;">\$922.86</p> 3 Other Income	OMB No. 1545-0115 <p style="font-size: 2em; text-align: center;">2011</p> <p style="font-size: 1.5em; text-align: center;">Copy A</p> Form 1099-MISC	Miscellaneous Income
PAYOR'S Federal identification number RECIPIENT'S identification number <div style="background-color: black; width: 50px; height: 15px; margin: 5px;"></div>	4 Federal income tax withheld <p style="text-align: right;">\$0.00</p> 5 Fishing boat proceeds	6 Medical and health care payments 7 Nonemployee compensation <p style="text-align: right;">\$0.00</p> 8 Substitute payments in lieu of dividends of interest 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S name, street address, city, state, and Zip code HOUSE, LAUREN LEE	10 Crop insurance proceeds 16 State income tax withheld <p style="text-align: right;">\$45.22</p>	17 State/Payer's state number NM		
Account number (Optional) 098895	2nd TIN No <input type="checkbox"/>			

Instruction for Recipient

Amounts shown on this form may be subject to self-employment tax computed on Schedule See (Form 1040). See IRS Pub. 533, Self-Employment Tax, for more information amounts considered self-employment income. Since no income, social security, and Medicare taxes were withheld by the payer, you may have to make estimated tax payments if you are still receiving these payments. See Form 1040-ES, Estimated Tax for Individuals

Boxes 1 and 2 Reports rents from real estate on Schedule E (Form 1040). If you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business, report on Schedule C or C-EZ (Form 1040). For royalties on timber, coal, iron ore, see Pub 544, Sales and other Disposition of Assets.

Box 3 Report on the line for "Other Income" on Form 1040 and identify the payment. If it is trade or business income, report this amount on Schedule C, C-EZ, or F (Form 1040). The amounts shown may be payments you received as the beneficiary of a deceased employee, prize, awards, taxable damages, or other taxable income.

Box 4 Shows backup withholding. For example, persons not furnishing their taxpayer identification number to the payer become subject to backup withholding at a 31% rate on certain payments. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this on your income tax return as tax withheld.

Box 5 An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C or C-EZ (Form 1040). See Pub 596, Tax Guide for Commercial Fishermen.

Box 6 Report on Schedule C or C-EZ (Form 1040).

Box 7 Generally, payments for services reported in this box are income from self-employment. Since you received this form, rather than Form W-2, the payer may have considered you self-employed and did not withhold social security or Medicare taxes. Report the self-employment income on Schedule C, C-EZ, or F (Form 1040), and compute the self-employment tax on Schedule SE (Form 1040). However, if you are not self-employed, report this amount on Form 1040 on the line for "Wages, salaries, tips etc." Call the IRS for information on how to report any social security and Medicare taxes. If "EPP" is shown, this is excess golden parachute payments subject to a 20% excise tax. See your 1040 instructions under "Other Taxes". The Unlabeled amount is your total compensation.

Box 8 Report as "Other Income" on your tax return. The amount shown is a substitute payment in lieu of dividends or interest received by your broker on your behalf. This may occur after the transfer of your securities for use in a short sale.

Box 9 If this box is listed it means sales to you of consumer products on a buy-sell, deposit-commission, or any other basis for resale have amounted to \$5000 or more. The person filing does not have to show the dollar amount in this box. Any income from the sale of these products should generally be reported on Schedule C or C-EZ (Form 1040).

Box 10 Report on the line for "Crop insurance proceeds..." on Schedule F (Form 1040).

SUMMARY BY STATE	GROSS REVENUE	SEV & PROD TAXES	OTHER DEDUCTIONS	NET REVENUE
NM	\$922.86	\$80.07	\$0.00	\$842.79
Totals	\$922.86	\$80.07	\$0.00	\$842.79

FEDERAL

VOID

CORRECTED (if checked)

PAYOR'S name, street address, city, state, and Zip code OXY USA INC ROOM 13.107 HOUSTON, TX 77227 Email: owner_relations@oxy.com Telephone: 713 350-4880		1 Rents 2 Royalties \$2,108.09 3 Other Income	OMB No. 1545-0115 2010 Copy A Form 1099-MISC	Miscellaneous Income This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYOR'S Federal identification number	RECIPIENT'S identification number [REDACTED]	4 Federal Income tax withheld \$0.00	5 Fishing boat proceeds	
RECIPIENT'S name, street address, city, state, and Zip code HOUSE, LAUREN LEE		6 Medical and health care payments	7 Nonemployee compensation \$0.00	
Account number (Optional) 098895		2nd TIN No. <input type="checkbox"/>	8 Substitute payments in lieu of dividends of interest 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> 10 Crop Insurance proceeds 16 State income tax withheld \$103.31	
		17 State/Payer's state number		

Instruction for Recipient

Amounts shown on this form may be subject to self-employment tax computed on Schedule SE (Form 1040). See IRS Pub. 533, Self-Employment Tax, for more information amounts considered self-employment income. Since no income, social security, and Medicare taxes were withheld by the payer, you may have to make estimated tax payments if you are still receiving these payments. See Form 1040-ES, Estimated Tax for Individuals.

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Box 10 Report on the line for "Crop insurance proceeds..." on Schedule F (Form 1040).

SUMMARY BY STATE	GROSS REVENUE	SEV & PROD TAXES	OTHER DEDUCTIONS	NET REVENUE
NM	\$2,108.09	\$184.28	\$0.00	\$1,923.81
Totals	\$2,108.09	\$184.28	\$0.00	\$1,923.81