

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**07/27/2012**  
Document Number:  
**400310264**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 16700 Contact Person: Loren DeMers  
Company Name: CHEVRON USA INC Phone: (970) 620-2069  
Address: 6001 BOLLINGER CANYON RD Fax: (970) 245-6489  
City: SAN RAMON State: CA Zip: 94583 Email: LDDF@chevron.com  
API #: 05 - 045 - 15865 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: SKR 698-09-AV-04  
Sec: 9 Twp: 6S Range: 98W QtrQtr: SENE Lat: 39.550962 Long: -108.329799

**BLOW OUT PREVENTER TEST – 24-Hour notice**

Test Date: 07/31/2012 Time: 11:00 (HH:MM)

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: Julie Justus Email: jjustus@chevron.com  
Signature: Julie Justus Title: Regulatory Specialist Date: 07/27/2012