

FORM
42
Rev
03/12



OGCC RECEPTION

Receive Date:
09/19/2012

Document Number:
400328303

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 16700 Contact Person: TRAVIS GARZA
Company Name: CHEVRON PRODUCTION COMPANY Phone: (970) 210-6780
Address: 100 CHEVRON RD Fax: (970) 675-3800
City: RANGELY State: CO Zip: 81648 Email: TGRZ@CHEVRON.COM
API #: 05 - 103 - 11913 - 00 Facility ID: _____ Location ID: _____
Facility Name: EMERALD 97X
Sec: 26 Twp: 2N Range: 103W QtrQtr: SW NE Lat: 40.114872 Long: -108.923558

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 09/20/2012 Time: 12:00 (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: DIANE L PETERSON Email: DLPE@CHEVRON.COM
Signature: DIANE L PETERSON Title: REGULATORY SPECIALIST Date: 09/19/2012