

FORM  
42  
Rev  
03/12



OGCC RECEPTION

Receive Date:  
**11/14/2012**

Document Number:  
**400346890**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 16700 Contact Person: Jacob Long  
Company Name: CHEVRON PRODUCTION COMPANY Phone: (432) 238-4515  
Address: 100 CHEVRON RD Fax: ( )  
City: RANGELY State: CO Zip: 81648 Email: jacob.long@chevron.com  
API #: 05 - 103 - 11914 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: EMERALD 95X  
Sec: 36 Twp: 2N Range: 103W QtrQtr: SW NW Lat: 40.102608 Long: -108.911439

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

Test Date: 11/16/2012 Time: 02:00 (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: Jacob Long Email: jacob.long@chevron.com  
Signature: Jacob Long Title: DSM Date: 11/14/2012