

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**01/03/2013**  
Document Number:  
**400361647**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 16700 Contact Person: BRENT SWANK  
Company Name: CHEVRON PRODUCTION COMPANY Phone: (281) 582-5304  
Address: 100 CHEVRON RD Fax: ( )  
City: RANGELY State: CO Zip: 81648 Email: bswk@chevron.com  
API #: 05 - 103 - 11951 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: FEE 163X  
Sec: 33 Twp: 2N Range: 102W QtrQtr: NE NE Lat: 40.105611 Long: -108.842800

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

Test Date: 12/24/2012 Time: 10:00 (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: BRENT Email: DLPE@CHEVRON.COM  
Signature: \_\_\_\_\_ Title: DSM Date: 01/03/2013