

FORM
42
Rev
03/12



OGCC RECEPTION

Receive Date:
05/23/2013

Document Number:
400423716

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 16700 Contact Person: DIANE PETERSON
Company Name: CHEVRON PRODUCTION COMPANY Phone: (970) 675-3842
Address: 100 CHEVRON RD Fax: (970) 675-3800
City: RANGELY State: CO Zip: 81648 Email: DLPE@CHEVRON.COM
API #: 05 - 103 - 06149 - 00 Facility ID: _____ Location ID: _____
Facility Name: FEE 51
Sec: 19 Twp: 2N Range: 102W QtrQtr: SESE Lat: 40.122720 Long: -108.878995

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 06/03/2013 Time: 09:00 (HH:MM) Underground Injection Control(UIC) Well? Yes

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: 05/23/2013