

FORM
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OGCC RECEPTION
Receive Date:
08/08/2013
Document Number:
400464863

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 16700 Contact Person: Julie Justus
Company Name: CHEVRON USA INC Phone: (970) 257-6042
Address: 6001 BOLLINGER CANYON RD Fax: (970) 245-6393
City: SAN RAMON State: CA Zip: 94583 Email: jjustus@chevron.com
API #: 05 - 045 - 15430 - 00 Facility ID: _____ Location ID: _____
Facility Name: SKR 598-25-BV-21
Sec: 25 Twp: 5S Range: 98W QtrQtr: SEnw Lat: 39.586970 Long: -108.341010

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 08/10/2013 Time: 13:00 (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: Janet Howell Email: janeth@chevron.com
Signature: Janet Howell Title: Technical Assistant Date: 08/08/2013