

FORM
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OGCC RECEPTION
Receive Date:
10/28/2013
Document Number:
400503860

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) 245-6489
City: SAN RAMON State: CA Zip: 94583 Email: jjustus@chevron.com
API #: 05 - 045 - 22131 - 00 Facility ID: _____ Location ID: _____
Facility Name: SKR 598-08-BV 04
Sec: 8 Twp: 5S Range: 98W QtrQtr: Lot 8 Lat: 39.621644 Long: -108.414161

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 11/02/2013 Time: 14:00 (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: Julie Justus Email: jjustus@chevron.com
Signature: Julie Justus Title: Regulatory Specialist Date: 10/28/2013