

FORM  
42  
Rev  
03/12

State of Colorado  
Oil and Gas Conservation Commission  
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION  
Receive Date:  
**02/05/2014**  
Document Number:  
**400550963**

**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 - 06133 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: GRAY B-4  
Sec: 18 Twp: 2N Range: 102W QtrQtr: NWSE Lat: 40.141220 Long: -108.883270

**MECHANICAL INTEGRITY TEST – 10-DAY NOTICE**  
Test Date: 03/25/2014 Time: 11:30 (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 PETERSON Email: DLPE@CHEVRON.COM  
Signature: \_\_\_\_\_ Title: REGULATORY SPECIALIST Date: 02/05/2014