

FORM  
42  
Rev  
03/12



OGCC RECEPTION

Receive Date:  
02/11/2014

Document Number:  
400553881

**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 - 08681 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: CHEVRON FEE 125X  
Sec: 20 Twp: 2N Range: 102W QtrQtr: SWNW Lat: 40.128910 Long: -108.872220

**MECHANICAL INTEGRITY TEST – 10-DAY NOTICE**

Test Date: 04/09/2014 Time: 11:00 (HH:MM) Underground Injection Control(UIC) Well? No

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: 02/11/2014