

FORM
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Rev
03/12



OGCC RECEPTION

Receive Date:
03/11/2014

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400569254

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 - 05825 - 00 Facility ID: _____ Location ID: _____
Facility Name: GRAY B 17
Sec: 12 Twp: 2N Range: 103W QtrQtr: SESE Lat: 40.151710 Long: -108.897670

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 04/22/2014 Time: 09:30 (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: 03/11/2014