

FORM
42
Rev
03/12



OGCC RECEPTION

Receive Date:
10/13/2012

Document Number:
400336284

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 16700 Contact Person: Tony Bacon
Company Name: CHEVRON PRODUCTION COMPANY Phone: (432) 238-4515
Address: 100 CHEVRON RD Fax: ()
City: RANGELY State: CO Zip: 81648 Email: tonybacon@chevron.com
API #: 05 - 103 - 11913 - 00 Facility ID: _____ Location ID: _____
Facility Name: EMERALD 97X
Sec: 26 Twp: 2N Range: 103W QtrQtr: SW NE Lat: 40.114872 Long: -108.923558

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 10/15/2012 Time: 18:00 (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: Tony Bacon Email: tonybacon@chevron.com
Signature: Tony Bacon Title: DSM Date: 10/13/2012