



NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>16700</u>	Contact Person: <u>DIANE PETERSON</u>
Company Name: <u>CHEVRON PRODUCTION COMPANY</u>	Phone: <u>(970) 675-3842</u>
Address: <u>100 CHEVRON RD</u>	Fax: <u>(970) 675-3800</u>
City: <u>RANGELY</u> State: <u>CO</u> Zip: <u>81648</u>	Email: <u>DLPE@CHEVRON.COM</u>
API #: <u>05 - 103 - 07466 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>CARNEY C T 27X- 34</u>	
Sec: <u>34</u> Twp: <u>2N</u> Range: <u>102W</u> QtrQtr: <u>NESW</u>	Lat: <u>40.099455</u> Long: <u>-108.833712</u>

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 04/10/2013 Time: 11:00 (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 L PETERSON Email: DLPE@CHEVRON.COM
Signature: _____ Title: REGULATORY SPECIALIST Date: 03/07/2013