

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:  
**08/14/2013**  
Document Number:  
**400467450**

**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 - 06212 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>UNION PACIFIC 24-27</u>	
Sec: <u>27</u> Twp: <u>2N</u> Range: <u>102W</u> QtrQtr: <u>SWNE</u>	Lat: <u>40.115787</u> Long: <u>-108.827121</u>

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

Test Date: 08/24/2013 Time: 10:00 (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: <u>DIANE L PETERSON</u>	Email: <u>DLPE@CHEVRON.COM</u>
Signature: _____	Title: <u>REGULATORY SPECIALIST</u> Date: <u>08/14/2013</u>