

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:

**08/25/2014**

Document Number:

**400672448**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 16700 Contact Person: DIANE PETERSON  
Company Name: CHEVRON USA INC Phone: (970) 675-3842  
Address: 6001 BOLLINGER CANYON RD Fax: (970) 675-3800  
City: SAN RAMON State: CA Zip: 94583 Email: DLPE@CHEVRON.COM  
API #: 05 - 103 - 11156 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: S.A. GUIBERSON 5 ☒ Submit By Other Operator  
Sec: 18 Twp: 2N Range: 102W QtrQtr: NENE Lat: 40.149940 Long: -108.877732

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 09/02/2014 Time: 13:00 (HH:MM) Anticipated Date of flowback: 09/02/2014

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: PERMITTING SPECIALIST Date: 08/25/2014