

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:

01/16/2015

Document Number:

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>16700</u>	Contact Person: <u>DIANE PETERSON</u>
Company Name: <u>CHEVRON USA INC</u>	Phone: <u>(970) 675-3842</u>
Address: <u>6001 BOLLINGER CANYON RD</u>	Fax: <u>(970) 675-3800</u>
City: <u>SAN RAMON</u> State: <u>CA</u> Zip: <u>94583</u>	Email: <u>DLPE@CHEVRON.COM</u>
API #: <u>05 - 103 - 05486 - 00</u> Facility ID: _____ Location ID: _____	
Facility Name: <u>CARNEY 9-35</u> <input type="checkbox"/> Submit By Other Operator	
Sec: <u>35</u> Twp: <u>2N</u> Range: <u>102W</u> QtrQtr: <u>NENW</u>	Lat: <u>40.105010</u> Long: <u>-108.812880</u>

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 01/27/2015 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: <u>DIANE PETERSON</u>	Email: <u>DLPE@CHEVRON.COM</u>
Signature: _____	Title: <u>PERMITTING SPECIALIST</u> Date: <u>01/16/2015</u>