

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:
03/24/2015

Document Number:
400814263

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 - 06325 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>HAGOOD M C A-8</u>	<input type="checkbox"/> Submit By Other Operator
Sec: <u>15</u> Twp: <u>2N</u> Range: <u>103W</u> QtrQtr: <u>NWNW</u>	Lat: <u>40.148577</u> Long: <u>-108.949216</u>

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 04/13/2015 Time: 09:30 (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 PETERSON Email: DLPE@CHEVRON.COM

Signature: _____ Title: PERMITTING SPECIALIST Date: 03/24/2015