

FORM**42**Rev
03/15**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:****10/31/2018****Document Number:****401817925****FIELD OPERATIONS NOTICE**

The Form 42 shall be submitted as required by Rule, Notice to Operators, Policy, or Condition of Approval.
A Form 42 Update shall be submitted to revise the scheduled date or time on a previous Form 42 - Advance Notice of Field Operations.
A Form 42 Update must be for the same well, location, or facility and for the same Field Operation as a previous Form 42.
NOTE: Operator's Contact for Advance Notices of Field Operations should be available 24 hours a day, 7 days a week and should have the most current scheduling information for the operation. Operator's Contact for other notices should be able to respond to questions regarding the reported information.

Update of a previous Form 42 Notice NO**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>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 - 08293 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>LN HAGOOD A-15X</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>23</u> Twp: <u>2N</u> Range: <u>103W</u> QtrQtr: <u>NWNE</u>	Lat: <u>40.135380</u>	Long: <u>-108.918900</u>

NOTICE OF INSPECTION CORRECTIVE ACTIONS PERFORMEDALL Corrective Actions required by field inspection document # 679701444 have been performed.Date of Completion: 10/31/2018 Site is ready for re-inspection.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct and complete.

Print Name: <u>DIANE PETERSON</u>	Email: <u>DLPE@CHEVRON.COM</u>
Signature: _____	Title: <u>PERMIT SPECIALIST</u> Date: <u>10/31/2018</u>