

FORM INSP
Rev 05/11

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Inspection Date:
09/22/2011

Document Number:
657700005

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	API Number	Facility ID	Loc ID	Tracking Type
	103-08492	230823	315436	
Facility Name: EMERALD 82X		Inspector Name: BROWNING, CHUCK		

Operator Information:

OGCC Operator Number: <u>16700</u>	Name of Operator: <u>CHEVRON PRODUCTION COMPANY</u>
Address: <u>100 CHEVRON RD</u>	
City: <u>RANGELY</u>	State: <u>CO</u> Zip: <u>81648</u>

Contact Information:

Contact Name	Phone	Email	Comment
Peterson, Diane	970-675-3842	dlpe@chevron.com	Regulatory Specialist

Compliance Summary:

QtrQtr: <u>NENW</u>	Sec: <u>26</u>	Twp: <u>2N</u>	Range: <u>103W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/12/2005	200074355	RT	SI	S		P	N
05/17/2010	200254430	RT	AC	S			N
06/09/2009	200213635	RT	AC	S			N
05/10/2004	200060223	RT	SI	S		P	N
05/29/2008	200198404	RT	AC	S			N
05/15/2002	200026724	RT	SI	S		P	N
05/30/2000	200009209	RT	SI	S		P	N
07/10/2003	200044110	RT	SI	S		P	N
05/17/2001	200019298	MI	SI	U		F	Y
05/14/2007	200113804	RT	SI	S		P	N
06/20/2006	200092478	MI	SI	S		P	N

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num
230823	WELL	TA	01/01/2004		103-08492

Equipment:

Location Inventory

--

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

Emergency Contact Number: (S/U/V) _____ Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment		Satisfactory			

Venting:	
Yes/No	Comment
NO	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 315436

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Wildlife BMPs:

Stormwater:

Comment: _____

Staking:

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Well

Facility ID: 230823 API Number: 103-08492 Status: TA Insp. Status: AC

Underground Injection Control

UIC Violation: Maximum Injection Pressure:

UIC Routine

Inj./Tube: Pressure or inches of Hg Previous Test Pressure MPP
(e.g. 30 psig or -30" Hg) Inj Zone: WEBR
TC: Pressure or inches of Hg Previous Test Pressure Last MIT: 06/21/2006
Brhd: Pressure or inches of Hg Previous Test Pressure AnnMTReq:

Comment:

Method of Injection:

Test Type: Verification of Repairs Tbg psi: 0 Csg psi: 750 BH psi: 0

Insp. Status: Pass

Comment: PRESSURED WELL TO 750 PSI. HOLD FOR 15 MIN. OK.
FORM 21 DOC# 01171341
NOAV DOC#200312172 CLOSED.

Environmental

Spills/Releases:

Type of Spill: Description: Estimated Spill Volume:

Comment:

Corrective Action: Date:

Reportable: GPS: Lat Long

Proximity to Surface Water: Depth to Ground Water:

Water Well:

DWR Receipt Num: Owner Name: GPS File:

Field Parameters:

Sample Location:

Emission Control Burner (ECB):

Comment:

Pilot: Wildlife Protection Devices (fired vessels):

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: Date Interim Reclamation Completed:

Land Use:

Comment:

1003a. Debris removed? CM

CA CA Date

Waste Material Onsite? CM

CA CA Date

Unused or unneeded equipment onsite? _____ CM _____
 CA _____ CA Date _____
 Pit, cellars, rat holes and other bores closed? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors removed? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors marked? _____ CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____
 1003c. Compacted areas have been cross ripped? _____
 1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____
 Cuttings management: _____
 1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____
 Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment