

**FORM  
INSP**Rev  
05/11**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
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Inspection Date:

05/02/2012

Document Number:

661700289

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>215625</u>	<u>334540</u>		<u>LABOWSKIE, STEVE</u>

**Operator Information:**OGCC Operator Number: 16700 Name of Operator: CHEVRON USA INCAddress: 6001 BOLLINGER CANYON RDCity: SAN RAMON State: CA Zip: 94583**Contact Information:**

Contact Name	Phone	Email	Comment
Pohl, April		april.pohl@chevron.com	San Juan Basin contact

**Compliance Summary:**QtrQtr: NWSE Sec: 8 Twp: 34N Range: 9W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/03/2010	200255713	PR	PR	S			N
05/01/2007	200110031	ES	PR	S		P	N
09/22/2006	200102772	PR	PR	S		P	N
06/23/2003	200041292	PR	PR	S		P	N
01/03/2002	200025052	PR	PR	S		P	N
01/04/2001	200014811	PR	PR	S		P	N
09/24/1999	500149331	PR	PR			P	N
10/06/1997	500149330	PR	PR			P	N
04/14/1995	500149329	PR	PR			P	N
11/15/1994	500149327	PR	PR			P	N

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
215625	WELL	PR	12/28/1988	GW	067-07230	KOSHAK GAS UNIT A 1U	<input checked="" type="checkbox"/>
264200	WELL	PR	07/11/2002	GW	067-08735	KOSHAK A-3	<input checked="" type="checkbox"/>

**Equipment:**Location Inventory

Inspector Name: LABOWSKIE, STEVE

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
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

#### Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

#### Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
LOCATION				
WELLHEAD		pipe barriers, soundwalls around pj		

#### Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Deadman # & Marked	7				
Pump Jack	1		non-conventional		
Gas Meter Run	2		1 in shack		
Horizontal Heated Separator	2				
Ancillary equipment	2		telemetry		
Flow Line	2				
Prime Mover	1		gas/hydraulic		

<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
LUBE OIL	1	OTHER	STEEL AST	,	
S/U/V:			Comment:		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) 30 gal _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Other	Adequate			Adequate	
Corrective Action				Corrective Date	
Comment					
<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	OTHER	STEEL AST	,	
S/U/V:	Satisfactory		Comment:	needs NFPA placard	
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) 95 bbl _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
<b>Venting:</b>					
Yes/No		Comment			
<b>Flaring:</b>					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

**Predrill**

Location ID: 334540

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Wildlife BMPs:****Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**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:

\_\_\_\_\_

**Facility**

Facility ID: 215625 API Number: 067-07230 Status: PR Insp. Status: PR

Facility ID: 264200 API Number: 067-08735 Status: PR Insp. Status: PR

**Producing Well****Comment:** \_\_\_\_\_**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 : _____	Lat _____	Long _____
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**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? <u>Pass</u>	CM _____							
	CA _____						CA Date _____		
	Waste Material Onsite? <u>Pass</u>	CM _____							
	CA _____						CA Date _____		
	Unused or unneeded equipment onsite? <u>In</u>	CM <u>leftover materilas from recent work</u>							
	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? <u>Pass</u>	CM _____							
	CA _____						CA Date _____		

1003b. Area no longer in use? \_\_\_\_\_ Production areas stabilized ? Pass1003c. Compacted areas have been cross ripped? In1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

Cuttings management: \_\_\_\_\_

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? In

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?	P
Comment:	
Overall Interim Reclamation	Pass

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 _____
Overall Final Reclamation	

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

S/U/V: <u>Satisfactory</u>	Corrective Date: _____
Comment:	<div style="border: 1px solid black; height: 20px;"></div>
CA:	<div style="border: 1px solid black; height: 20px;"></div>