

**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



| | | | |
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| DE | ET | OE | ES |
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Inspection Date:

08/27/2012

Document Number:

668400658

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|-------------|--------|---------------|-----------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: |
| | 229769 | 314857 | | BROWNING, CHUCK |

Operator Information:OGCC Operator Number: 16700 Name of Operator: CHEVRON PRODUCTION COMPANYAddress: 100 CHEVRON RDCity: RANGELY State: CO Zip: 81648**Contact Information:**

| Contact Name | Phone | Email | Comment |
|-----------------|--------------|----------------------------|-----------------------|
| Peterson, Diane | 970-675-3842 | dlpe@chevron.com | Regulatory Specialist |
| KOEHLER, BOB | | bob.koehler@state.co.us | |
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |

Compliance Summary:QtrQtr: SWSE Sec: 21 Twp: 2N Range: 102W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 05/21/2012 | 668400350 | IJ | AC | S | | | N |
| 05/16/2011 | 200311797 | RT | AC | S | | | N |
| 05/17/2010 | 200254596 | RT | AC | S | | | N |
| 06/11/2009 | 200213998 | RT | AC | S | | | N |
| 12/10/2008 | 200200440 | RT | AC | S | | | N |
| 07/10/2007 | 200114397 | RT | SI | S | | P | N |
| 05/18/2006 | 200093228 | RT | AC | S | | P | N |
| 05/27/2005 | 200073310 | RT | AC | S | | P | N |
| 05/18/2004 | 200059716 | RT | AC | S | | P | N |
| 05/07/2003 | 200041355 | MI | AC | S | | P | N |
| 05/17/2002 | 200027622 | RT | AC | S | | P | N |
| 05/22/2001 | 200019049 | RT | AC | S | | P | N |
| 05/31/2000 | 200009095 | RT | AC | S | | P | N |
| 10/03/1997 | 500157060 | | | | | | |
| 03/13/1997 | 500157059 | | | | | | |

Inspector Comment:

5-YR UIC. Pressure well to 1150 psi . Hold for 15 min. Final pressure 1140 psi. -10 psi loss. OKSee Form 21 Doc# 01171402

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|----------------------|-------------------------------------|
| 229769 | WELL | IJ | 01/01/1999 | | 103-07426 | UNION PACIFIC 78X-21 | <input checked="" type="checkbox"/> |

Equipment:Location Inventory

Inspector Name: BROWNING, CHUCK

| | | | |
|-----------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: _____ | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: _____ | Separators: _____ | Electric Motors: _____ |
| Gas or Diesel Motors: _____ | 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

Lease Road:

| Type | Satisfactory/Unsatisfactory | comment | Corrective Action | Date |
|--------|-----------------------------|---------|-------------------|------|
| Access | Satisfactory | | | |
| Main | Satisfactory | | | |

Signs/Marker:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|---------|-----------------------------|---------|-------------------|---------|
| BATTERY | Satisfactory | | | |

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

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?

Venting:

| Yes/No | Comment |
|--------|---------|
| NO | |

Flaring:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|------|-----------------------------|---------|-------------------|---------|
| | | | | |

Predrill

Location ID: 314857

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:**

Erosion BMPs

Present

Other BMPs

Present

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____

Other BMPs: _____

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: 229769 Type: WELL API Number: 103-07426 Status: IJ 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: 09/10/2007

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 1200 Csg psi: 1150 BH psi: 0

Insp. Status: Pass

Comment: 5-YR UIC. Pressure well to 1150 psi . Hold for 15 min. Final pressure 1140 psi. -10 psi loss. OK
 See Form 21 Doc# 01171402

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:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

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? Pass CM _____

CA _____ CA Date _____

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass CM _____

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass CM _____

CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? Pass

1003d. 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? Pass

Production areas have been stabilized? Pass 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 Pass

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 _____ | | Multi-Well Location <input type="checkbox"/> | |

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel | Pass | Gravel | Pass | MHSP | Pass | |

Inspector Name: BROWNING, CHUCK

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____