

**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:

11/08/2012

Document Number:

669400245

Overall Inspection:

**Unsatisfactory****FIELD INSPECTION FORM**

Location Identifier Facility ID Loc ID Tracking Type  
 215863 326099 Inspector Name: LABOWSKIE, STEVE

**Operator Information:**OGCC Operator Number: 16695 Name of Operator: CHEVRON MIDCONTINENT LPAddress: 1400 SMITH STREET - ROOM 44195City: HOUSTON State: TX Zip: 77002**Contact Information:**

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

**Compliance Summary:**QtrQtr: NWSW Sec: 35 Twp: 34.5N Range: 9W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/15/2009	200220234	ID	SI	S			N
08/28/2008	200194353	MT	SI	S			N
11/15/2007	200121794	ID	SI	U			Y
07/06/2006	200092766	ID	SI	U		F	Y
11/16/2004	200066052	ID	SI	S		P	N
05/22/2002	200027816	ID	SI	S		P	N
02/12/2001	200015161	ID	PR	S		P	N
11/05/1999	200002876	ID	SI	S		P	N
12/18/1997	500149662	MT	SI			P	N
09/08/1997	500149661	ID	SI			P	N
11/25/1996	500149660	PR	PR			F	Y
11/13/1995	500149659	PR	PR			P	N

**Inspector Comment:**

see "signs and markers" wellhead and "stormwater" for items resulting in "unsatisfactory" inspection status.

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
215863	WELL	PR	11/08/2010	GW	067-07468	DAY-V-RANCH 34-1/2 35-1	<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
WELLHEAD	<b>Violation</b>	wrong well sign at location (sign for 067-06894 is currently installed).	install sign with correct information	<b>11/27/2012</b>

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	Satisfactory	chain link		

#### Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Compressor	1				
Flow Line	1				
Bird Protectors	1	Satisfactory			
Ancillary equipment			AC equipment		
Deadman # & Marked	4	<b>Unsatisfactory</b>	only one anchor marked	mark or remove all anchors per Rule 1003.a	<b>12/13/2012</b>
Gas Meter Run	1	Satisfactory			
Pump Jack	1	Satisfactory			
Horizontal Heated Separator	1	Satisfactory			
Prime Mover	1	Satisfactory	elec./hyd		

<b>Facilities:</b>		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	PBV STEEL	37.248380,-107.828580
S/U/V:	Satisfactory	Comment:		
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action	Corrective Date
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Comment
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<b>Facilities:</b>	<input type="checkbox"/> New Tank	Tank ID: _____
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Contents	#	Capacity	Type	SE GPS
LUBE OIL	1	OTHER	STEEL AST	,

S/U/V:	Satisfactory	Comment: good labels and spill prevention		
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Corrective Action:	Corrective Date:
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Paint

Condition	Adequate
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Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal				Adequate

Corrective Action	Corrective Date
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Comment
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<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
OTHER	1	OTHER	PLASTIC AST	,	
S/U/V:	Satisfactory		Comment:		
Corrective Action:					Corrective Date:
<b>Paint</b>					
Condition	Adequate				
Other (Content)	bactericide				
Other (Capacity)	30 gal				
Other (Type)					
<b>Berms</b>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Other				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: 326099

**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: 215863 Type: WELL API Number: 067-07468 Status: PR Insp. Status: PR

**Producing Well**

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

**Environmental****Spills/Releases:**

Inspector Name: LABOWSKIE, STEVE

Type of Spill: _____	Description: _____	Estimated Spill Volume: _____
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Corrective Action: _____		Date: _____
Reportable: _____	GPS: Lat _____	Long _____
Proximity to Surface Water: _____	Depth to Ground Water: _____	

<b>Water Well:</b>		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? Fail CM \_\_\_\_\_ CA \_\_\_\_\_ CA Date \_\_\_\_\_

CA 

mark anchors

 CA Date 

12/13/2012

1003b. Area no longer in use? In 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? In

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

Inspector Name: LABOWSKIE, STEVE

Top soil replaced \_\_\_\_\_

Recontoured \_\_\_\_\_

Perennial forage re-established \_\_\_\_\_

Non-Cropland

Top soil replaced Pass

Recontoured Pass

80% Revegetation In

1003 f. Weeds Noxious weeds? P

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

Overall Interim Reclamation In Process

**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 \_\_\_\_\_

Overall Final Reclamation \_\_\_\_\_

Multi-Well Location ☐

**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Ditches	Pass			
Gravel	Pass	Compaction	Pass	MHSP	Pass	
Wattles	Fail					wattles full in several places

S/U/V: Unsatisfactory

Corrective Date: 12/13/2012

Comment: wattles full in several places on southeast side of location and along access. Wattles should be staked at an angle or with crossed stakes so floatation does not occur.

CA: maintain BMPs which are installed or remove BMPs is deemed no longer necessary.