

**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 |
|----|----|----|----|

Inspection Date:

04/12/2013

Document Number:

668401090

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |               |               |                        |                          |             |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:        | On-Site Inspection       | 2A Doc Num: |
|                     | <u>231144</u> | <u>315610</u> | <u>BROWNING, CHUCK</u> | <input type="checkbox"/> |             |

**Operator Information:**

OGCC Operator Number: 16700 Name of Operator: CHEVRON PRODUCTION COMPANY

Address: 100 CHEVRON RD

City: RANGELY State: CO Zip: 81648

**Contact Information:**

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

**Compliance Summary:**

QtrQtr: NWNE Sec: 4 Twp: 1N 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 | 668400356 | SI         | SI          | S                            |          |                | N               |
| 05/16/2011 | 200311805 | RT         | AC          | S                            |          |                | N               |
| 05/18/2010 | 200258845 | RT         | SI          | S                            |          |                | N               |
| 06/10/2009 | 200213899 | RT         | SI          | S                            |          |                | N               |
| 05/14/2008 | 200191453 | MI         | AC          | S                            |          |                | N               |
| 05/14/2007 | 200113813 | BH         | PR          | S                            |          | P              | N               |
| 05/16/2006 | 200090785 | RT         | PA          | S                            | I        | P              | N               |
| 06/01/2005 | 200074365 | RT         | SI          | S                            |          | P              | N               |
| 05/11/2004 | 200060238 | RT         | SI          | S                            |          | P              | N               |
| 05/06/2003 | 200041330 | MI         | SI          | S                            | I        | P              | N               |
| 05/16/2002 | 200026526 | RT         | SI          | S                            |          | P              | N               |
| 08/23/2001 | 200023301 | PR         | SI          | S                            |          | P              | N               |
| 05/24/2001 | 200019316 | RT         | SI          | S                            |          | P              | N               |
| 05/31/2000 | 200009220 | RT         | SI          | S                            |          | P              | N               |
| 01/03/1997 | 500157517 | PR         | PR          |                              |          |                | N               |

**Inspector Comment:**

UIC-MIT. Pressure well to 1225 psi . Hold for 15 min. Final pressure 1225 psi. -0 psi loss. OKSee Form 21 Doc# 01171490

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name     |                                     |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------------------------------|
| 231144      | WELL | SI     | 07/01/1996  |            | 103-08813 | CARNEY C T 38 X 4 | <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 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

#### Lease Road:

| Type   | Satisfactory/Unsatisfactory | comment | Corrective Action | Date |
|--------|-----------------------------|---------|-------------------|------|
| Main   | Satisfactory                |         |                   |      |
| Access | 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: 315610

**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: 231144 Type: WELL API Number: 103-08813 Status: SI Insp. Status: SI

**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: 05/14/2008

Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

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

Method of Injection: \_\_\_\_\_

Test Type: 5 Year Tbg psi: 0 Csg psi: 1225 BH psi: 0

Insp. Status: Pass

Comment: UIC-MIT. Pressure well to 1225 psi . Hold for 15 min. Final pressure 1225 psi. -0 psi loss. OK  
 See Form 21 Doc# 01171490

**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? | <u>Pass</u>       | CM _____ |               |
| CA _____  |                   |          | CA Date _____ |
| Guy line anchors removed?                       | <u>          </u> | CM _____ |               |
| CA _____  |                   |          | CA Date _____ |
| Guy line anchors marked?                        | <u>Pass</u>       | CM _____ |               |
| CA _____  |                   |          | CA Date _____ |

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

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

Multi-Well Location 

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

Inspector Name: BROWNING, CHUCK

S/U/V: Satisfactory Corrective Date:

Comment:

CA: