

Inspector Name: BROWNING, CHUCK

**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:

668401092

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	229809	314876	BROWNING, CHUCK	<input type="checkbox"/> 2A Doc Num: _____

**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: NESW Sec: 34 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)
05/22/2012	668400390	IJ	SI	S			N
05/17/2011	200310903	RT	AC	S			N
05/17/2010	200256287	RT	AC	S			N
06/09/2009	200212962	RT	AC	S			N
05/14/2008	200191447	MI	AC	S			N
05/10/2007	200113177	RT	AC	S		P	N
05/18/2006	200093236	RT	AC	S		P	N
06/01/2005	200073311	RT	AC	S		P	N
05/10/2004	200059720	RT	AC	S		P	N
05/06/2003	200041349	MI	AC	S		P	N
05/16/2002	200026517	RT	AC	S		P	N
08/23/2001	200023328	PR	SI	S		P	N
05/23/2001	200019363	RT	AC	S		P	N
05/31/2000	200009266	RT	AC	S		P	N
05/05/1997	500157087	PR	PR			P	N

**Inspector Comment:**

UIC-MIT. Pressure well to 1200 psi . Hold for 15 min. Final pressure 1200 psi. -0 psi loss. OKSee Form 21 Doc# 01171492

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
229809	WELL	IJ	09/22/2011	ERIW	103-07466	CARNEY C T 27X- 34	<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: 314876

**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: 229809 Type: WELL API Number: 103-07466 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: 05/14/2008

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

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

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

Test Type: 5 Year Tbg psi: 900 Csg psi: 1200 BH psi: 0

Insp. Status: Pass

Comment: UIC-MIT. Pressure well to 1200 psi . Hold for 15 min. Final pressure 1200 psi. -0 psi loss. OK  
 See Form 21 Doc# 01171492

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

**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: \_\_\_\_\_