

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
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Inspection Date:

04/12/2013

Document Number:

668401097

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>231574</u>	<u>315793</u>	<u>BROWNING, CHUCK</u>	<input type="checkbox"/>	

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
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: SENE Sec: 25 Twp: 2N Range: 103W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/24/2012	668400440	IJ	AC	S			N
05/18/2011	200311176	RT	AC	S			N
05/17/2010	200254427	RT	AC	S			N
06/09/2009	200213632	RT	AC	S			N
05/28/2008	200198414	RT	AC	S			N
05/10/2007	200113850	RT	AC	S		P	N
05/16/2006	200093968	RT	AC	S		P	N
05/12/2005	200074388	RT	AC	S		P	N
05/04/2004	200060326	MI	AC	S		P	N
05/20/2003	200044393	RT	AC	S		P	N
10/01/2002	200030786	ES	AO	S			
05/15/2002	200026706	RT	AC	S		P	N
05/23/2001	200019341	RT	AC	S		P	N
05/30/2000	200009246	RT	AC	S		P	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# 01171497

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
231574	WELL	IJ	01/01/1999	DSPW	103-09245	EMERALD 29AX	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

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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
Access	Satisfactory			
Main	Satisfactory			

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY				

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?

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 315793

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: 231574 Type: WELL API Number: 103-09245 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: 07/01/2008

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

Comment: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 1300 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# 01171497

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

Top soil replaced Recontoured 80% Revegetation

1003 f. Weeds Noxious weeds? P

Comment:

Overall Interim Reclamation	Pass
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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
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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	

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S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____