

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:

668401105

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |             |        |                 |                    |  |
|---------------------|-------------|--------|-----------------|--------------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection |  |
|                     | 232222      | 316136 | BROWNING, CHUCK | 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: SENE Sec: 14 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) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 05/23/2012 | 668400489 | IJ         | AC          | S                            |          |                | N               |
| 05/18/2011 | 200310967 | RT         | AC          | S                            |          |                | N               |
| 05/17/2010 | 200254544 | RT         | AC          | S                            |          |                | N               |
| 06/09/2009 | 200213844 | RT         | AC          | S                            |          |                | N               |
| 05/27/2008 | 200198418 | RT         | AC          | S                            |          |                | N               |
| 05/16/2008 | 200192270 | MI         | AC          | S                            |          |                | N               |
| 05/10/2007 | 200113859 | RT         | AC          | S                            |          | P              | N               |
| 05/16/2006 | 200093978 | RT         | AC          | S                            |          | P              | N               |
| 05/12/2005 | 200074399 | RT         | AC          | S                            |          | P              | N               |
| 05/03/2004 | 200060350 | RT         | AC          | S                            |          | P              | N               |
| 05/20/2003 | 200041666 | MI         | AC          | S                            |          | P              | N               |
| 05/15/2002 | 200026555 | RT         | AC          | S                            |          | P              | N               |
| 05/23/2001 | 200019361 | RT         | AC          | S                            |          | P              | N               |
| 05/30/2000 | 200009264 | RT         | AC          | S                            |          | P              | N               |
| 05/12/1998 | 500157814 | DG         | DG          |                              |          | P              |                 |

**Inspector Comment:**

UIC-MIT. Pressure well to 1210 psi . Hold for 15 min. Final pressure 1210 psi. -0 psi loss. OKSee Form 21 Doc# 01171505

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------------------------------|
| 232222      | WELL | IJ     | 08/04/1998  |            | 103-09893 | MAGOR 1A      | <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 |
|--------|-----------------------------|---------|-------------------|------|
| 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: 316136

**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: 232222 Type: WELL API Number: 103-09893 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: 05/15/2008

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

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

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

Test Type: 5 Year Tbg psi: 1300 Csg psi: 1210 BH psi: 0

Insp. Status: Pass

Comment: UIC-MIT. Pressure well to 1210 psi . Hold for 15 min. Final pressure 1210 psi. -0 psi loss. OK  
 See Form 21 Doc# 01171505

**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? 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 \_\_\_\_\_

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 |
| Berms            | Pass            | Gravel                  | Pass                  | SI            | Pass                     |         |

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S/U/V: Satisfactory      Corrective Date: \_\_\_\_\_

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

CA: \_\_\_\_\_