

**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:

04/10/2014

Document Number:

668402001

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>231012</u>	<u>315542</u>	<u>BROWNING, CHUCK</u>	<input type="checkbox"/> 2A Doc Num: _____

**Operator Information:**

OGCC Operator Number:

Name of Operator: CHEVRON PRODUCTION COMPANYAddress: 100 CHEVRON RDCity: RANGELY State: CO Zip: 81648

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

**Contact Information:**

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

**Compliance Summary:**QtrQtr: SWNW Sec: 20 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)
10/27/2010	200283054	PR	SI	Satisfactory			No
01/15/2000	200004726	ID	SI	Satisfactory		Pass	No
06/12/1997	500157430	PR	PR			Pass	
01/23/1996	500157429	PR	PR			Pass	No

**Inspector Comment:**

MIT to maintain SI/TA status. Pressured casing to 350 psi. Hold for 15 min. Final pressure 350 psi. -0 psi loss. OKSee Form 21 Doc#01171630

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
231012	WELL	SI	02/03/2009	OW	103-08681	CHEVRON FEE 125X	SI <input checked="" type="checkbox"/>

**Equipment:**Location Inventory

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**

<b><u>Lease Road:</u></b>				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Main	Satisfactory			
Access	Satisfactory			

<b><u>Signs/Marker:</u></b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: \_\_\_\_\_

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

Corrective Action: \_\_\_\_\_

<b><u>Spills:</u></b>				
Type	Area	Volume	Corrective action	CA Date

☐ Multiple Spills and Releases?

<b><u>Equipment:</u></b>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Deadman # & Marked	4	Satisfactory			

<b><u>Venting:</u></b>		
Yes/No	Comment	

<b><u>Flaring:</u></b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

**Predrill**

Location ID: 231012

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

**S/U/V:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Date: \_\_\_\_\_

CDP Num.: \_\_\_\_\_

**Form 2A COAs:****S/U/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_**Date:** \_\_\_\_\_**Wildlife BMPs:****S/U/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_**Date:** \_\_\_\_\_**Stormwater:****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: 231012

Type: WELL

API Number: 103-08681

Status: SI

Insp. Status: SI

**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder: \_\_\_\_\_

S/V: Satisfactory

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

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

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

MIT to maintain SI/TA status.  
 Pressured casing to 350 psi. Hold for 15 min. Final pressure 350 psi. -0 psi loss. OK  
 See Form 21 Doc#01171630

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

Inspector Name: BROWNING, CHUCK

Type of Spill: _____	Description: _____	Estimated Spill Volume: _____
Comment: _____		
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 : _____	_____

<b>Field Parameters:</b>
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Sample Location: _____
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Emission Control Burner (ECB): _____
Comment: _____
Pilot: _____ Wildlife Protection Devices (fired vessels): _____

**Reclamation - Storm Water - Pit**

<b>Interim Reclamation:</b>	
Date Interim Reclamation Started: _____	Date Interim Reclamation Completed: _____
Land Use: _____	
Comment: _____	
1003a.	Debris removed? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Waste Material Onsite? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Unused or unneeded equipment onsite? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Pit, cellars, rat holes and other bores closed? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Guy line anchors removed? _____ 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? _____ Subsidence over on drill pit? _____
	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? _____
RESTORATION AND REVEGETATION	
<u>Cropland</u>	

Inspector Name: BROWNING, CHUCK

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

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

Well Release on Active Location ☐

Multi-Well Location ☐

**Storm Water:**

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

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

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

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

**Pits:** ☐ NO SURFACE INDICATION OF PIT