

**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:

07/01/2014

Document Number:

674600591

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	
	293811	334422	Maclaren, Joe	2A Doc Num:	

**Operator Information:**OGCC Operator Number: 16695Name of Operator: CHEVRON MIDCONTINENT LPAddress: 1400 SMITH STREET - ROOM 44195City: HOUSTON State: TX Zip: 77002

- ☐ 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
Pohl, April		april.pohl@chevron.com	

**Compliance Summary:**QtrQtr: SENE Sec: 36 Twp: 35N Range: 9W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/29/2013	663401136	SI	SI	SATISFACTORY Y			No
08/22/2012	669400112	SI	SI	SATISFACTORY Y			No
08/18/2011	200318641	RT	AC	SATISFACTORY Y			No
08/18/2011	200318628	RT	AC	SATISFACTORY Y			No
08/20/2010	200267385	RT	AC	SATISFACTORY Y			No
03/16/2010	200266202	MI	AC	SATISFACTORY Y			No
03/31/2009	200207651	ID	PD	SATISFACTORY Y			No
08/12/2008	200193586	MI	PD	SATISFACTORY Y			No
06/10/2008	200208379	DG	DG	SATISFACTORY Y			No

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159246	UIC DISPOSAL	AC	10/15/2008		-	STATE 36-6 WATER DISPOSAL WELL	AC	<input checked="" type="checkbox"/>
259125	WELL	PR	05/27/2001	GW	067-08400	STATE 36-5	PR	<input checked="" type="checkbox"/>
293811	WELL	SI	11/30/2007	STRT	067-09452	STATE 36-6	SI	<input type="checkbox"/>

**Equipment:****Location Inventory**

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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**Emergency Contact Number (S/A/V): SATISFACTORY

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

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

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

**Spills:**

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER	SATISFACTORY	Stock Panels around all equipment		
PUMP JACK	SATISFACTORY	Jersey Barriers		
WELLHEAD	SATISFACTORY	Injection Wellhead in Metal Building		

**Equipment:**

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	1	SATISFACTORY	Telemetry		
Flow Line	1	SATISFACTORY			
Bird Protectors	1	SATISFACTORY			
Prime Mover	1	SATISFACTORY	Natural Gas Powered		
Pump Jack	1	SATISFACTORY			
Deadman # & Marked	4	SATISFACTORY			
Vertical Heated Separator	1	SATISFACTORY			
Other	1	SATISFACTORY	Active Injection Wellhead		
Gas Meter Run	1	SATISFACTORY			

Inspector Name: Maclaren, Joe

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<100 BBLs	BV STEEL	37.262050,-107.799900

S/A/V:	SATISFACTORY	Comment:	
Corrective Action:		Corrective Date:	

Paint

Condition	Adequate
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Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
Comment			

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

**Predrill**

Location ID: 293811

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/A/V:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****S/A/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Wildlife BMPs:****S/A/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: 159246 Type: UIC API Number: - Status: AC Insp. Status: AC

**Producing Well**

Comment: PR

Facility ID: 259125 Type: WELL API Number: 067-08400 Status: PR Insp. Status: PR

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

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

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

Inspector Name: Maclaren, Joe

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?	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? \_\_\_\_\_

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? Pass

**RESTORATION AND REVEGETATION**

Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

Non-Cropland

Inspector Name: Maclaren, Joe

Top soil replaced Pass

Recontoured Pass

80% Revegetation Pass

1003 f. Weeds Noxious weeds? P

Comment: Cut timber is scattered along the interim reclamation area off of the SW corner of well pad.

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
Compaction	Pass	Compaction	Pass	MHSP	Pass	
		Culverts	Pass			
Rip Rap	Pass					
Gravel	Pass	Gravel	Pass			

S/A/V: SATISFACTOR

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

Y

Comment: A rip rap armored ditch re-directs stormwater around the west side of well pad.

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

Pits: ☐ NO SURFACE INDICATION OF PIT