

**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:

08/14/2014

Document Number:

674600788

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	
	<u>214631</u>	<u>325355</u>	<u>Maclaren, Joe</u>	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
Browning, Chuck		chuck.browning@state.co.us	
Pohl, April		april.pohl@chevron.com	
Koehler, Bob		bob.koehler@state.co.us	

**Compliance Summary:**QtrQtr: SWSE 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	663401138	IJ	AC	SATISFACTORY Y			No
08/22/2012	669400111	IJ	AC	SATISFACTORY Y			No
08/18/2011	200318640	RT	AC	SATISFACTORY Y			No
08/18/2011	200318627	RT	AC	SATISFACTORY Y			No
08/20/2010	200267383	RT	AC	SATISFACTORY Y			No
08/12/2010	200267387	RT	AC	SATISFACTORY Y			No
03/31/2009	200211389	CO	AC	SATISFACTORY Y			No
03/11/2009	200206462	CO	PR	SATISFACTORY Y			No
12/09/2008	200199832	CO	PR	SATISFACTORY Y			No
11/06/2008	200198148	CO	PR	ACTION REQUIRED			Yes
09/04/2008	200195568	RT	AC	SATISFACTORY Y			No
03/18/2008	200128441	ES	AC	SATISFACTORY Y			No
08/10/2007	200118472	MI	AC	SATISFACTORY Y			No

Inspector Name: Maclaren, Joe

03/13/2007	200108398	ES	AC	ACTION REQUIRED		Fail	Yes
05/09/2006	200095372	MI	AC	SATISFACTOR Y		Pass	No
03/16/2006	200086729	MI	AC	ACTION REQUIRED		Fail	Yes
08/10/2005	200086728	MI	AC	ACTION REQUIRED		Fail	Yes
07/21/2005	200086727	MI	AC	ACTION REQUIRED		Fail	Yes
07/12/2005	200086726	MI	AC	ACTION REQUIRED		Fail	Yes
08/18/2004	200058902	RT	AC	SATISFACTOR Y		Pass	No
07/28/2003	200042969	RT	AC	SATISFACTOR Y		Pass	No
08/08/2002	200029550	RT	AC	SATISFACTOR Y		Pass	No
09/11/2001	200020168	RT	AC	ACTION REQUIRED		Pass	Yes
09/15/2000	200009747	RT	AC	ACTION REQUIRED		Fail	Yes
09/13/2000	200009746	RT	AC	SATISFACTOR Y		Pass	No
09/07/2000	200009745	RT	AC	SATISFACTOR Y		Pass	No
09/06/2000	200009744	RT	AC	ACTION REQUIRED		Pass	No
08/17/2000	200009636	RT	AC	ACTION REQUIRED		Fail	Yes

**Inspector Comment:**

This report is for a UIC routine (Annual) inspection only for the State 1-36 Disposal 067-06235.

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
115457	PIT		07/07/1996		-	STATE 1-36		<input type="checkbox"/>
150332	UIC DISPOSAL	AC	06/01/1993		-	STATE 1-36	AC	<input checked="" type="checkbox"/>
214631	WELL	IJ	10/30/2013	DSPW	067-06235	STATE 1-36	IJ	<input 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**

Emergency Contact Number (S/A/V): SATISFACTORY

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

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

Inspector Name: Maclaren, Joe

Corrective Action:

**Spills:**

Type	Area	Volume	Corrective action	CA Date
------	------	--------	-------------------	---------

☐ Multiple Spills and Releases?

**Venting:**

Yes/No	Comment
--------	---------

**Flaring:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
------	------------------------------	---------	-------------------	---------

**Predrill**

Location ID: 214631

**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: 150332 Type: UIC API Number: - Status: AC Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_

Maximum Injection Pressure: \_\_\_\_\_

**UIC Routine**Inj./Tube: Pressure or inches of Hg 1170 psi Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
(e.g. 30 psig or -30" Hg) Inj Zone: \_\_\_\_\_

TC: Pressure or inches of Hg 0.9 psi Previous Test Pressure \_\_\_\_\_ Last MIT: \_\_\_\_\_

Brhd: Pressure or inches of Hg N.A. Previous Test Pressure \_\_\_\_\_ AnnMTReq: NO

Comment: A slight release (puff) of pressure occurred when opening the casing.

Method of Injection: PUMP FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

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

**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:**

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? \_\_\_\_\_ CM \_\_\_\_\_

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

Waste Material Onsite? \_\_\_\_\_ CM \_\_\_\_\_

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

Inspector Name: Maclaren, Joe

Unused or unneeded equipment onsite? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_  
Pit, cellars, rat holes and other bores closed? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_  
Guy line anchors removed? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_  
Guy line anchors marked? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_

1003b. Area no longer in use? \_\_\_\_\_ Production areas stabilized ? \_\_\_\_\_  
1003c. Compacted areas have been cross ripped? \_\_\_\_\_  
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? \_\_\_\_\_  
Production areas have been stabilized? \_\_\_\_\_ 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? \_\_\_\_\_

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

Overall Interim Reclamation \_\_\_\_\_

#### **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 ☐

Inspector Name: Maclaren, Joe

<b>Storm Water:</b>						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

S/A/V: \_\_\_\_\_ Corrective Date: \_\_\_\_\_

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

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

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