

**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:
11/21/2014Document Number:
669300166Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	229916	314934	NEIDEL, KRIS	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 16700Name of Operator: CHEVRON USA INCAddress: 6001 BOLLINGER CANYON RDCity: SAN RAMON State: CA Zip: 94583

- ☐ 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
Crossen, Tammi Lee	970-675-3705	TVZF@chevron.com	HE specialist

Compliance Summary:QtrQtr: NESW Sec: 28 Twp: 2N Range: 102W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/22/2014	668402361	SI	TA	SATISFACTORY	P		No
07/24/2013	668401535	SI	SI	SATISFACTORY	P		No
04/11/2013	668401083	SI	AC	ALLEGED VIOLATION	P		Yes
05/21/2012	668400353	SI	AC	SATISFACTORY			No
05/16/2011	200311801	RT	AC	SATISFACTORY			No
05/17/2010	200254598	RT	AC	SATISFACTORY			No
05/16/2008	200192294	MI	AC	SATISFACTORY			No
05/14/2007	200113354	RT	AC	SATISFACTORY		Pass	No
05/18/2006	200093264	RT	AC	SATISFACTORY		Pass	No
06/01/2005	200073794	RT	AC	SATISFACTORY		Pass	No
05/18/2004	200059871	RT	AC	SATISFACTORY		Pass	No
05/07/2003	200041432	MI	AC	SATISFACTORY		Pass	No
05/17/2002	200027630	RT	AC	SATISFACTORY		Pass	No
05/22/2001	200019077	RT	AC	SATISFACTORY		Pass	No
11/21/2000	200015266	ES	SI	SATISFACTORY		Pass	No
05/31/2000	200009115	RT	AC	SATISFACTORY		Pass	No
05/13/1999	500157121	ID	SI			Pass	No

Inspector Comment:

Environmental staff on location to inspect spill number 2221775. Operator should ensure actions required from previous inspections are completed, the status of this inspection address specific Environmental items document here and does not necessary address previous required action required. Spill date was 12/27/2011, Spill map shows spill parallel to access road, no legacy impact could be found from spill. Operator should assess damage to the pad berm at access road and errossion on access road.

Inspector Name: NEIDEL, KRIS

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status		
229916	WELL	SI	07/06/1998	ERIW	103-07574	UNION PACIFIC 92X-28	EI	<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

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

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

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 229916

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: 229916 Type: WELL API Number: 103-07574 Status: SI Insp. Status: EI

Producing Well

Comment: well was TA at time of inspection

Environmental**Spills/Releases:**

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

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Inspector Name: NEIDEL, KRIS

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? _____ CM _____
CA _____ CA Date _____
Waste Material Onsite? _____ CM _____
CA _____ CA Date _____
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? _____

Inspector Name: NEIDEL, KRIS

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 ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms		Berms				

S/A/V: **ACTION
REQUIRED**

Corrective Date: **12/29/2014**

Comment: **Operator should evaluate stormwater controls on access road.**

CA: **submit a form 42 for repairs/upgrade to stormwater BMP's**

Pits: ☐ NO SURFACE INDICATION OF PIT