

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



| | | | |
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| DE | ET | OE | ES |
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Inspection Date:
12/10/2015

Document Number:
669300909

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|---------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>229054</u> | <u>336544</u> | <u>NEIDEL, KRIS</u> | <input type="checkbox"/> | |

Operator Information:

| | |
|-----------------------|---|
| OGCC Operator Number: | <u>16700</u> |
| Name of Operator: | <u>CHEVRON USA INC</u> |
| Address: | <u>6001 BOLLINGER CANYON RD</u> |
| City: | <u>SAN RAMON</u> State: <u>CA</u> Zip: <u>94583</u> |

- 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 |
|---------------------|--------------|--------------------------------|-----------------------|
| Westerdale, Barbara | | barbara.westerdale@state.co.us | |
| Freeman, Sarah | | sarah.freeman@state.co.us | |
| Diane, Peterson | 970-675-3842 | dlpe@chevron.com | Regulatory Specialist |

Compliance Summary:

QtrQtr: SWNE Sec: 18 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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 06/10/2015 | 668403100 | IJ | AC | SATISFACTORY | | | No |
| 06/04/2015 | 668403053 | IJ | AC | SATISFACTORY | | | No |
| 05/19/2014 | 668402062 | IJ | AC | SATISFACTORY | P | | No |
| 05/23/2013 | 668401401 | IJ | AC | SATISFACTORY | P | | No |
| 05/24/2012 | 668400449 | IJ | AC | SATISFACTORY | | | No |
| 05/17/2011 | 200311186 | RT | AC | SATISFACTORY | | | No |
| 04/12/2011 | 200308358 | MI | AC | SATISFACTORY | | | No |
| 10/27/2010 | 200283046 | PR | PR | SATISFACTORY | | | No |
| 05/17/2010 | 200254503 | RT | AC | SATISFACTORY | | | No |
| 06/09/2009 | 200213807 | RT | AC | SATISFACTORY | | | No |
| 05/29/2008 | 200198345 | RT | AC | SATISFACTORY | | | No |
| 05/10/2007 | 200112321 | RT | AC | SATISFACTORY | | Pass | No |
| 05/16/2006 | 200092027 | RT | AC | SATISFACTORY | | Pass | No |
| 05/12/2005 | 200072691 | RT | AC | SATISFACTORY | | Pass | No |
| 05/20/2003 | 200043422 | RT | SI | SATISFACTORY | | Pass | No |
| 05/15/2002 | 200026624 | RT | SI | SATISFACTORY | | Pass | No |
| 05/23/2001 | 200018612 | RT | SI | SATISFACTORY | | Pass | No |
| 10/02/2000 | 200012254 | ID | TA | SATISFACTORY | | Pass | No |

| | | | | | | |
|------------|-----------|----|----|--------------|------|----|
| 05/24/2000 | 200009000 | MI | SI | SATISFACTORY | Pass | No |
|------------|-----------|----|----|--------------|------|----|

Inspector Comment:

well location is not correct in COGCC database, it appears. lat/long on well sign says 40.14485329,-108.8837781, this is the correct lat/long for well Gray B-4. COGCC database has a lat/long of 40.141205,-108.888347. There is a well on this location, I believe it is the Fee 156x. Operator should work with COGCC permitting group (contacts attached) to remedy the error in COGCC database.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 229051 | WELL | PR | 10/28/1998 | GW | 103-06129 | GRAY "B" 12 | AC |
| 229054 | WELL | IJ | 07/07/2015 | ERIW | 103-06132 | GRAY B-3 | AC |

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 |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

Multiple Spills and Releases?

Venting:

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

Flaring:

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

Predrill

Location ID: 229054

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AV: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Data retrieval failed for the subreport 'Subreport1' located at: \\10.12.100.15\cFormReports\Insp\InspCOA.rdlc. Please check t

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: 229054 Type: WELL API Number: 103-06132 Status: IJ Insp. Status: AC

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 _____
- 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

Storm Water:

| 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