

**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

Inspection Date:

02/25/2016

Document Number:

685100024

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 228694 | 314416 | NEIDEL, KRIS | <input type="checkbox"/> | |

Operator Information:

OGCC Operator Number: 16700

Name of Operator: CHEVRON USA INC

Address: 15 SMITH ROAD RM 4100

City: MIDLAND State: TX Zip: 79705

- ☐ 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: SWNE Sec: 26 Twp: 2N Range: 103W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 06/04/2015 | 668403030 | IJ | AC | SATISFACTORY | | | No |
| 05/19/2014 | 668402043 | IJ | AC | SATISFACTORY | P | | No |
| 04/09/2014 | 668401993 | IJ | AC | SATISFACTORY | P | | No |
| 07/24/2013 | 668401529 | IJ | AC | SATISFACTORY | P | | No |
| 05/24/2012 | 668400414 | IJ | AC | SATISFACTORY | | | No |
| 05/18/2011 | 200311022 | RT | AC | SATISFACTORY | | | No |
| 05/17/2010 | 200254423 | RT | AC | SATISFACTORY | | | No |
| 06/29/2009 | 200214350 | MI | AC | SATISFACTORY | | | No |
| 06/09/2009 | 200213626 | RT | AC | SATISFACTORY | | | No |
| 02/29/2008 | 200198084 | RT | AC | SATISFACTORY | | | No |
| 05/10/2007 | 200111923 | RT | AC | SATISFACTORY | | Pass | No |
| 05/16/2006 | 200091891 | RT | AC | SATISFACTORY | | Pass | No |
| 05/12/2005 | 200071900 | RT | AC | SATISFACTORY | | Pass | No |
| 05/04/2004 | 200055929 | MI | | SATISFACTORY | | Pass | No |
| 05/20/2003 | 200042624 | RT | AC | SATISFACTORY | | Pass | No |
| 05/17/2002 | 200026693 | RT | AC | SATISFACTORY | | Pass | No |
| 05/23/2001 | 200018488 | RT | AC | SATISFACTORY | | Pass | No |
| 05/30/2000 | 200008947 | RT | AC | SATISFACTORY | | Pass | No |

Inspector Comment:

Environmental Staff, Kris Neidel on location to inspect location for spill number. NO visual impact from spill remains. Perimeter berm, area where spill breached perimeter berm appears to have not been repaired. Area of spill is undergoing surface grading and reclamation to match existing.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------------------|--------|-------------|------------|-----------|---------------------|-------------|-------------------------------------|
| 117204 | PIT | | 09/23/1999 | | - | EMERALD "C" 171 | | <input type="checkbox"/> |
| 228694 | WELL | IJ | 12/16/2013 | ERIW | 103-05661 | EMERALD 9 | EI | <input checked="" type="checkbox"/> |
| 444668 | SPILL OR RELEASE | AC | 02/10/2016 | | - | SPILL/RELEASE POINT | 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**Lease Road:**

| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
|------|------------------------------|---------|-------------------|------|
| | | | | |

Signs/Marker:

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

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

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

Spills:

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

☐ Multiple Spills and Releases?**Fencing/:**

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

Equipment:

| Type: | # | Satisfactory/Action Required: |
|-------------------|---|-------------------------------|
| Comment | | |
| Corrective Action | | Date: _____ |

Venting:

Inspector Name: NEIDEL, KRIS

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

Flaring:

| | | | |
|--------------------|--|------------------------------|--|
| Type | | Satisfactory/Action Required | |
| Comment: | | | |
| Corrective Action: | | Correct Action Date: | |

Predrill

Location ID: 228694

Site Preparation:

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

S/AR: _____

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

Form 2A COAs:

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

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: 228694 Type: WELL API Number: 103-05661 Status: IJ Insp. Status: EI

Facility ID: 444668 Type: SPILL OR API Number: - Status: AC Insp. Status: EI

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. Waste and Debris removed? _____

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 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? _____

Inspector Name: NEIDEL, KRIS

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Other | Pass | | | | | |

S/A/V: SATISFACTOR _____

Corrective Date: _____

Y

Comment: The BMP was to rope off the access road to pad, preventing driving on very muddy pad.

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT