

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:
03/16/2016
Document Number:
680400421
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>228779</u> | <u>314465</u> | <u>BROWNING, CHUCK</u> | <input type="checkbox"/> | |

Operator Information:

OGCC Operator Number: 16700
Name of Operator: CHEVRON PRODUCTION COMPANY
Address: 100 CHEVRON RD
City: RANGELY State: CO Zip: 81648

- 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 |
|-----------------|--------------|----------------------------|-----------------------|
| Peterson, Diane | 970-675-3842 | dlpe@chevron.com | Regulatory Specialist |
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |

Compliance Summary:

QtrQtr: NWNW Sec: 23 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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 05/21/2015 | 668402949 | IJ | AC | SATISFACTORY | P | | No |
| 05/20/2014 | 668402144 | IJ | AC | SATISFACTORY | P | | No |
| 05/22/2013 | 668401332 | IJ | AC | SATISFACTORY | P | | No |
| 05/23/2012 | 668400412 | IJ | AC | SATISFACTORY | | | No |
| 04/25/2012 | 668400112 | IJ | AC | SATISFACTORY | P | | No |
| 05/17/2011 | 200311020 | RT | AC | SATISFACTORY | | | No |
| 05/17/2010 | 200254555 | RT | AC | SATISFACTORY | | | No |
| 06/09/2009 | 200213856 | RT | AC | SATISFACTORY | | | No |
| 05/29/2008 | 200198317 | RT | AC | SATISFACTORY | | | No |
| 07/10/2007 | 200114393 | RT | AC | SATISFACTORY | | Pass | No |
| 05/16/2006 | 200091922 | RT | AC | SATISFACTORY | | Pass | No |
| 05/12/2005 | 200071925 | RT | AC | SATISFACTORY | | Pass | No |
| 05/04/2004 | 200055946 | MI | | SATISFACTORY | | Pass | No |
| 05/13/2003 | 200041654 | RT | AC | SATISFACTORY | | Pass | No |
| 05/15/2002 | 200026566 | RT | AC | SATISFACTORY | | Pass | No |
| 05/23/2001 | 200018507 | RT | AC | SATISFACTORY | | Pass | No |
| 05/30/2000 | 200008969 | RT | AC | SATISFACTORY | | Pass | No |

Inspector Comment:

Routine UIC inspection.

| Related Facilities: | | | | | | | | |
|----------------------------|------|--------|-------------|------------|-----------|--------------------|-------------|-------------------------------------|
| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
| 228779 | WELL | IJ | 01/01/1999 | ERIW | 103-05763 | MCLAUGHLIN, A C 24 | AC | <input checked="" type="checkbox"/> |

| Equipment: | | | | <u>Location Inventory</u> | | | | | | | |
|-----------------------------|----------------------|---------------------|------------------------|---------------------------|----------------------|-------------------|-------------------------|------------------------------|------------------------|------------------|-------------------|
| 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 |
| Access | SATISFACTORY | | | |
| Main | SATISFACTORY | | | |

| 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 |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

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

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

| Venting: | |
|-----------------|----|
| Yes/No | NO |
| Comment | |

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

Predrill

Location ID: 228779

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: 228779 Type: WELL API Number: 103-05763 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 1517
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____ MPP _____
Inj Zone: WEBR

TC: Pressure or inches of Hg 0

Previous Test Pressure _____ Last MIT: 04/25/2012

Brhd: Pressure or inches of Hg 0

Previous Test Pressure _____ AnnMTRReq: _____

Comment: Routine UIC inspection. Active injection.

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:

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. Waste and Debris removed? 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 marked? Pass
 CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? Pass

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? Pass 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? P

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 | Pass | Gravel | Pass | SI | Pass | |

Inspector Name: BROWNING, CHUCK

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: NO SURFACE INDICATION OF PIT