

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:
05/04/2016
Document Number:
675102500
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>229434</u>	<u>314730</u>	<u>GRANAHAN, KYLE</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>16700</u>
Name of Operator:	<u>CHEVRON USA INC</u>
Address:	<u>15 SMITH ROAD RM 4100</u>
City:	<u>MIDLAND</u> State: <u>TX</u> Zip: <u>79705</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
Peterson, Diane	970-675-3842	dlpe@chevron.com	

Compliance Summary:

QtrQtr: NWNW Sec: 26 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)
07/15/2015	680400059	PR	PR	SATISFACTORY			No
05/21/2014	668402208	PR	PR	SATISFACTORY	P		No
01/30/2014	673500505	PR	PR	SATISFACTORY	I		No
05/20/2013	668401203	PR	PR	SATISFACTORY	P		No
05/19/2011	200310917	RT	AC	SATISFACTORY			No
04/11/2011	200312173	MI	AC	SATISFACTORY			No
05/17/2010	200256340	RT	AC	SATISFACTORY			No
06/09/2009	200213089	RT	AC	SATISFACTORY			No
05/29/2008	200198043	RT	AC	SATISFACTORY			No
05/10/2007	200113166	RT	AC	SATISFACTORY		Pass	No
05/10/2006	200092635	MI	AC	SATISFACTORY		Pass	No
02/17/2004	200052337	ID	TA	SATISFACTORY		Pass	No
04/10/1997	500156942	PR	SI			Pass	No

Inspector Comment:

On location to witness MIT - Form 42 Doc # 401031854 Tubing PSI before/after test - 0 psi Casing PSI before - 0 psi Top of perms @ 6188', Top of packer @ 6091 = 97' Test start 360 psi 5 min 360 psi 10 min 360 psi Final 360 psi

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
229434	WELL	PR	09/12/2012	OW	103-07089	LEVISON 22X	TA <input checked="" type="checkbox"/>

Equipment:

Location Inventory

Predrill

Location ID: 229434

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: 229434 Type: WELL API Number: 103-07089 Status: PR Insp. Status: TA

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: EQUIPMENT PRESENT/DISCONNECTED

S/A/V: SATISFACTORY CA Date: _____

CA: _____

Comment: On location to witness MIT - Form 42 Doc # 401031854
Tubing PSI before/after test - 0 psi
Casing PSI before - 0 psi
Top of perms @ 6188', Top of packer @ 6091 = 97'
Test start 360 psi
5 min 360 psi
10 min 360 psi
Final 360 psi

Workover

Comment: On location to witness MIT - Form 42 Doc # 401031854
Tubing PSI before/after test - 0 psi
Casing PSI before - 0 psi
Top of perfs @ 6188', Top of packer @ 6091 = 97'
Test start 360 psi
5 min 360 psi
10 min 360 psi
Final 360 psi

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 ? _____
 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
Berms	Pass					
Gravel	Pass					
Compaction	Pass					

S/A/V: SATISFACTOR _____ Corrective Date: _____
 Y _____

Comment: No sediment flow evident

CA: _____

Pits: NO SURFACE INDICATION OF PIT