

**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:

05/03/2016

Document Number:

680400532

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 428450      | 428384 | BROWNING, CHUCK | <input type="checkbox"/> |             |

**Operator Information:**OGCC Operator Number: 16700Name of Operator: CHEVRON USA INCAddress: 100 CHEVRON RDCity: 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               |
|-----------------|--------------|----------------------------|-----------------------|
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector       |
| Peterson, Diane | 970-675-3842 | dlpe@chevron.com           | Regulatory Specialist |

**Compliance Summary:**

| QtrQtr: <u>SWNE</u> | Sec: <u>26</u> | Twp: <u>2N</u> | Range: <u>103W</u> |                               |          |                |                 |
|---------------------|----------------|----------------|--------------------|-------------------------------|----------|----------------|-----------------|
| 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          | 668403038      | SI             | SI                 | SATISFACTORY                  |          |                | No              |
| 10/22/2014          | 668402600      | SI             | SI                 | SATISFACTORY                  | P        |                | No              |
| 05/19/2014          | 668402051      | IJ             | SI                 | SATISFACTORY                  | P        |                | No              |
| 04/09/2014          | 668401992      | IJ             | SI                 | SATISFACTORY                  | P        |                | No              |
| 03/19/2013          | 668401001      | DG             | DG                 | SATISFACTORY                  | I        |                | No              |

**Inspector Comment:**Routine UIC inspection.**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 428385      | WELL | PR     | 04/01/2013  | OW         | 103-11913 | EMERALD 97X   | PR          | <input checked="" type="checkbox"/> |
| 428450      | WELL | SI     | 03/09/2015  | ERIW       | 103-11915 | EMERALD 98X   | AC          | <input checked="" type="checkbox"/> |

**Equipment:**Location Inventory

|                              |                         |                        |                         |
|------------------------------|-------------------------|------------------------|-------------------------|
| Special Purpose Pits: _____  | Drilling Pits: <u>1</u> | Wells: <u>2</u>        | 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: <u>2</u> | 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 |
|--------|------------------------------|---------|-------------------|------|
| Main   | SATISFACTORY                 |         |                   |      |
| Access | 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 |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ 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: 428450

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

**S/AR:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Date: \_\_\_\_\_

CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

| Group | User      | Comment  | Date       |
|-------|-----------|--|------------|
| OGLA  | kubeczkod | <p><b>SITE SPECIFIC COAs:</b></p> <p>Operator must implement best management practices to contain any unintentional release of fluids, including any fluids conveyed via temporary surface pipelines or buried permanent pipelines.</p> <p>Flowback and stimulation fluids must be sent to tanks, separators, or other containment/filtering equipment before the fluids can be placed into any pipeline or pit located on the well pad or into tanker trucks for offsite disposal. The flowback and stimulation fluid tanks, separators, or other containment/filtering equipment must be placed on the well pad in an area with additional downgradient perimeter berming. The area where flowback fluids will be stored/reused must be constructed to be sufficiently impervious to contain any spilled or released material.</p> | 12/12/2011 |

**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: 428385 Type: WELL API Number: 103-11913 Status: PR Insp. Status: PR

**Producing Well**Comment: **ESP**

Facility ID: 428450 Type: WELL API Number: 103-11915 Status: SI Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC RoutineInj./Tube: Pressure or inches of Hg 1650 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
(e.g. 30 psig or -30" Hg) Inj Zone: WEBR

TC: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ Last MIT: 10/22/2014

Brhd: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: \_\_\_\_\_

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:

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: RANGELAND

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: RANGELAND \_\_\_\_\_

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 ☐

Inspector Name: BROWNING, CHUCK

| <b>Storm Water:</b>  |                 |                         |                       |               |                          |         |
|--|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Loc Erosion BMPs   | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
| Berms  | Pass            | Gravel                  | Pass                  | SI            | Pass                     |         |
| S/A/V: SATISFACTOR<br>Y<br>Corrective Date: _____                  |                 |                         |                       |               |                          |         |
| Comment: _____   |                 |                         |                       |               |                          |         |
| CA: _____  |                 |                         |                       |               |                          |         |
| <b>Pits:</b> <input type="checkbox"/> NO SURFACE INDICATION OF PIT |                 |                         |                       |               |                          |         |