

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:
07/07/2016
Document Number:
680400873
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>228775</u>	<u>314463</u>	<u>BROWNING, CHUCK</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>16700</u>
Name of Operator:	<u>CHEVRON USA INC</u>
Address:	<u>100 CHEVRON RD</u>
City:	<u>RANGELY</u> State: <u>CO</u> Zip: <u>81648</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
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: NWNW Sec: 24 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)
03/26/2015	668402841	IJ	TA	SATISFACTORY	P		No
03/18/2015	668402689	IJ	TA	SATISFACTORY	P		No
05/20/2014	668402141	IJ	AC	SATISFACTORY	P		No
05/22/2013	668401290	IJ	AC	SATISFACTORY	P		No
05/23/2012	668400409	IJ	AC	SATISFACTORY			No
05/17/2011	200311017	RT	AC	SATISFACTORY			No
04/12/2010	200244389	MI	AC	SATISFACTORY			No
06/09/2009	200213835	RT	AC	SATISFACTORY			No
05/29/2008	200198314	RT	AC	SATISFACTORY			No
05/14/2007	200111941	RT	AC	SATISFACTORY		Pass	No
05/16/2006	200091921	RT	AC	SATISFACTORY		Pass	No
05/24/2005	200071924	MI	AC	ACTION REQUIRED		Fail	Yes
05/10/2004	200055945	RT		SATISFACTORY		Pass	No
05/20/2003	200043383	RT	AC	SATISFACTORY		Pass	No
05/15/2002	200026551	RT	AC	SATISFACTORY		Pass	No
05/23/2001	200018506	RT	AC	SATISFACTORY		Pass	No
05/24/2000	200008968	MI	AC	ACTION REQUIRED		Fail	No

Inspector Comment:

Routine UIC inspection.

Related Facilities:								
Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
228775	WELL	IJ	01/09/2014	ERIW	103-05758	LACY, S B 4	TA	<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: 228775

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: 228775 Type: WELL API Number: 103-05758 Status: IJ Insp. Status: TA

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 _____
(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: 03/18/2015

Brhd: Pressure or inches of Hg 0 _____

Previous Test Pressure _____ AnnMTRReq: _____

Comment: **Routine UIC Inspection. Well temporarily abandoned. Last MIT 3/18/2015.**

Method of Injection: _____

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