

**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:

07/11/2016

Document Number:

685300897

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	214631	325355	St John, William (Cal)	<input type="checkbox"/>	

**Operator Information:**OGCC Operator Number: 16695Name of Operator: CHEVRON MIDCONTINENT LPAddress: 15 SMITH ROAD RM 4100City: 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
Browning, Chuck		chuck.browning@state.co.us	
Pohl, April	505-333-1941	april.pohl@chevron.com	SW Inspection Reports
Labowskie, Steve		steve.labowskie@state.co.us	COGCC
Koehler, Bob		bob.koehler@state.co.us	

**Compliance Summary:**

QtrQtr:	SWSE	Sec:	36	Twp:	35N	Range:	9W
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/18/2015	668402667	IJ	AC	SATISFACTORY	P		No
08/14/2014	674600788	IJ	IJ	SATISFACTORY			No
08/29/2013	663401138	IJ	AC	SATISFACTORY			No
08/22/2012	669400111	IJ	AC	SATISFACTORY			No
08/18/2011	200318627	RT	AC	SATISFACTORY			No
08/18/2011	200318640	RT	AC	SATISFACTORY			No
08/20/2010	200267383	RT	AC	SATISFACTORY			No
08/12/2010	200267387	RT	AC	SATISFACTORY			No
03/31/2009	200211389	CO	AC	SATISFACTORY			No
03/11/2009	200206462	CO	PR	SATISFACTORY			No
12/09/2008	200199832	CO	PR	SATISFACTORY			No
11/06/2008	200198148	CO	PR	ACTION REQUIRED			Yes
09/04/2008	200195568	RT	AC	SATISFACTORY			No
03/18/2008	200128441	ES	AC	SATISFACTORY			No
08/10/2007	200118472	MI	AC	SATISFACTORY			No
03/13/2007	200108398	ES	AC	ACTION REQUIRED		Fail	Yes
05/09/2006	200095372	MI	AC	SATISFACTORY		Pass	No
03/16/2006	200086729	MI	AC	ACTION REQUIRED		Fail	Yes

Inspector Name: St John, William (Cal)

08/10/2005	200086728	MI	AC	ACTION REQUIRED		Fail	Yes
07/21/2005	200086727	MI	AC	ACTION REQUIRED		Fail	Yes
07/12/2005	200086726	MI	AC	ACTION REQUIRED		Fail	Yes
08/18/2004	200058902	RT	AC	SATISFACTORY		Pass	No
07/28/2003	200042969	RT	AC	SATISFACTORY		Pass	No
08/08/2002	200029550	RT	AC	SATISFACTORY		Pass	No
09/11/2001	200020168	RT	AC	ACTION REQUIRED		Pass	Yes
09/15/2000	200009747	RT	AC	ACTION REQUIRED		Fail	Yes
09/13/2000	200009746	RT	AC	SATISFACTORY		Pass	No
09/07/2000	200009745	RT	AC	SATISFACTORY		Pass	No
09/06/2000	200009744	RT	AC	ACTION REQUIRED		Pass	No
08/17/2000	200009636	RT	AC	ACTION REQUIRED		Fail	Yes

**Inspector Comment:**

Routine UIC inspection and SCADA hi/low automated shut down demonstration and test. Injection well was shut down three times as injection well kills settings were tested. The tubing high pressure kill is set for 1250 PSI. When tested the injection pump shutdown when tubing pressure exceeded 1250 PSI. The tubing low pressure kill is set for 300 PSI. When tested the injection pump shut down when pressure fell below 300 PSI. The casing high pressure kill is set at 400 PSI. When tested the injection pump shutdown when casing pressure exceeded 400 PSI. All three test were successful as injection pump shut down at preset limits as required.

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
115457	PIT		07/07/1996		-	STATE 1-36		<input type="checkbox"/>
150332	UIC DISPOSAL	AC	06/01/1993		-	STATE 1-36	AC	<input type="checkbox"/>
214631	WELL	IJ	10/30/2013	DSPW	067-06235	STATE 1-36	IJ	<input checked="" type="checkbox"/>
421403	NONFACILITY		02/01/2011		-	STATE 36-2 CDP 421403		<input type="checkbox"/>

**Equipment:**Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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**

<b>Lease Road:</b>				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			

<b>Signs/Marker:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			

Inspector Name: St John, William (Cal)

WELLHEAD	SATISFACTORY			
----------	--------------	--	--	--

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: \_\_\_\_\_

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

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

<b>Good Housekeeping:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

<b>Spills:</b>				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

<b>Fencing/:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
LOCATION	SATISFACTORY	Post and wire.		

<b>Equipment:</b>				
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	Wellhead			
Corrective Action				Date:
Type: Other	# 4	Satisfactory/Action Required:	SATISFACTORY	
Comment	Metal equipment sheds for water transfer and injection equipment.			
Corrective Action				Date:
Type: Bird Protectors	# 3	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	Injection Pump and equipment with electric motor			
Corrective Action				Date:
Type: Other	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	Water Transfer Equipment with electric motor			
Corrective Action				Date:
Type: Other	# 2	Satisfactory/Action Required:	SATISFACTORY	
Comment	Chemical Tank and Pump on Secondary Containment			
Corrective Action				Date:

<b>Facilities:</b>				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	3	400 BBLS	STEEL AST	,
S/AR	SATISFACTORY	Comment:		
Corrective Action:				Corrective Date:

Inspector Name: St John, William (Cal)

Paint Condition	Adequate
Other (Content) _____	
Other (Capacity) _____	
Other (Type) _____	

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	3	400 BBLS	HEATED STEEL AST	,
S/AR	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

**Paint**

Condition	Adequate
Other (Content) _____	
Other (Capacity) _____	
Other (Type) _____	

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

**Venting:**

Yes/No	NO
Comment	

**Flaring:**

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

**Predrill**

Location ID: 214631

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: 214631 Type: WELL API Number: 067-06235 Status: IJ Insp. Status: IJ

**Underground Injection Control**

UIC Violation: \_\_\_\_\_

Maximum Injection Pressure: 1250

**UIC Routine**Inj./Tube: Pressure or inches of Hg 917  
(e.g. 30 psig or -30" Hg)Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
Inj Zone: BLFF

TC: Pressure or inches of Hg 0

Previous Test Pressure \_\_\_\_\_ Last MIT: 08/04/2014

Brhd: Pressure or inches of Hg 0

Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: 15 psig on T-C was blown down to bucket, no flow observed, pressure remained at 0.

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? \_\_\_\_\_

CM \_\_\_\_\_

CA \_\_\_\_\_

CA Date \_\_\_\_\_

Unused or unneeded equipment onsite? \_\_\_\_\_

CM \_\_\_\_\_

CA \_\_\_\_\_

CA Date \_\_\_\_\_

Inspector Name: St John, William (Cal)

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? \_\_\_\_\_

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
Compaction	Pass	Culverts	Pass			

Inspector Name: St John, William (Cal)

Culverts	Pass	Ditches	Pass			
Ditches	Pass	Gravel	Pass			
Gravel	Pass					
Waddles	Pass					
Rip Rap	Pass					
Berms	Pass	Compaction	Pass	MHSP	Pass	

S/A/V: SATISFACTOR  
Y

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

Comment:

CA:

**Pits:** ☒ NO SURFACE INDICATION OF PIT

### **Attached Documents**

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
685300897	INSPECTION APPROVED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3903228">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3903228</a>