

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:
09/08/2016
Document Number:
685301361
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>
	<u>216234</u>	<u>334548</u>	<u>St John, William (Cal)</u>	2A Doc Num: _____

Operator Information:

OGCC Operator Number: <u>16700</u>
Name of Operator: <u>CHEVRON USA INC</u>
Address: <u>6301 DEAUVILLE BLVD</u>
City: <u>MIDLAND</u> State: <u>TX</u> Zip: <u>79706</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
Pohl, April	505-333-1941	april.pohl@chevron.com	SW Inspection Reports
Labowskie, Steve		steve.labowskie@state.co.us	COGCC

Compliance Summary:

QtrQtr: SESW Sec: 9 Twp: 34N Range: 9W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/19/2011	661700066	PR	PR	SATISFACTORY			No
05/25/2011	200312157	PR	PR	ACTION REQUIRED			Yes
03/09/2011	200300502	PR	SI	SATISFACTORY			No
10/08/2009	200219973	PR	PR	SATISFACTORY			No
01/14/2008	200125849	PR	PR	SATISFACTORY			No
09/22/2006	200102774	PR	PR	SATISFACTORY		Pass	No
07/14/2005	200077081	PR	PR	SATISFACTORY		Pass	No
06/23/2003	200041296	PR	PR	SATISFACTORY		Pass	No
01/03/2002	200025056	PR	PR	SATISFACTORY		Pass	No
01/04/2001	200014815	PR	PR	SATISFACTORY		Pass	No
05/23/2000	200006849	CO	PR	SATISFACTORY		Fail	Yes
05/22/2000	200006847	CO	PR	SATISFACTORY		Fail	Yes
10/04/1999	500150269	PR	PR			Pass	No
10/09/1997	500150268	PR	PR			Pass	No
12/27/1996	500150267	PR	PR			Pass	No
04/14/1995	500150266	PR	PR			Pass	Yes
11/15/1994	500150265	PR	PR			Pass	No

Inspector Comment:

Related Facilities:								
Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
216234	WELL	PR	08/23/1992	GW	067-07840	W ANIMAS-UNIVERSITY 9-1	PR	<input checked="" type="checkbox"/>
264265	WELL	PR	11/01/2002	GW	067-08741	WEST ANIMAS-UNIVERSITY 9-3	PR	<input checked="" type="checkbox"/>
288234	PIT	AC	12/05/2006		-	WEST ANIMAS UNIVERSITY 9-1	AC	<input type="checkbox"/>

Equipment: Location Inventory

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			

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
CONTAINERS	SATISFACTORY			

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

Comment: _____

Corrective Action: _____

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
PUMP JACK	SATISFACTORY	Steel Mesh Safety Barrier.		
LOCATION	SATISFACTORY	6' chain link cyclone fencing topped with barbwire.		

Equipment:				
Type	Flow Line	#	Satisfactory/Action Required:	
		2	SATISFACTORY	
Comment: _____				

Corrective Action		Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required: SATISFACTORY
Comment Electric Service		
Corrective Action		Date:
Type: Pig Station	# 1	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type: Other	# 1	Satisfactory/Action Required: SATISFACTORY
Comment Chemical Tank and Pump on Spill Prevention		
Corrective Action		Date:
Type: Pump Jack	# 1	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type: Deadman # & Marked	# 8	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type: Prime Mover	# 2	Satisfactory/Action Required: SATISFACTORY
Comment Electric Motor		
Corrective Action		Date:
Type: Ancillary equipment	# 2	Satisfactory/Action Required: SATISFACTORY
Comment Wellhead		
Corrective Action		Date:
Type: Vertical Heated Separator	# 2	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type: Pump Jack	# 1	Satisfactory/Action Required: SATISFACTORY
Comment Linear Rod Pump		
Corrective Action		Date:
Type: Ancillary equipment	# 2	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type: Bird Protectors	# 2	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type: Gas Meter Run	# 2	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:

Tanks and Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	Open Top	

S/AR	SATISFACTORY	Comment:	Steel Mesh Top
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Corrective Action:		Corrective Date:	
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Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) 95 BBLs _____

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: 216234

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: 216234 Type: WELL API Number: 067-07840 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 264265 Type: WELL API Number: 067-08741 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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: _____
 Comment: _____

1003a. Waste and Debris removed? _____
 CM _____
 CA _____ CA Date _____

Unused or unneeded equipment onsite? _____
 CM _____
 CA _____ CA Date _____

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
		Gravel	Pass			
		Ditches	Pass			
Gravel	Pass	Culverts	Pass			
Compaction	Pass	Compaction	Pass	Material Handling And Spill Prevention	Pass	

S/A/V: SATISFACTORY _____ Corrective Date: _____
 Comment: _____
 CA: _____

Pits: NO SURFACE INDICATION OF PIT