

**FORM
INSP**Rev
X/15**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:

06/01/2017

Submitted Date:

06/03/2017

Document Number:

680401584**FIELD INSPECTION FORM**
 Loc ID 314537 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____
Operator Information:OGCC Operator Number: 16700Name of Operator: CHEVRON USA INCAddress: 100 CHEVRON RDCity: RANGELY State: CO Zip: 81648**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED

Findings:5 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**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

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
228961	WELL	TA	02/01/2017	ERIW	103-06021	COLTHARP W H A-3	SI

General Comment:

Routine UIC inspection.

Location

<u>Lease Road:</u>			
	Type Access		
comment:			
Corrective ActionL		Date:	
	Type Main		
comment:			
Corrective ActionL		Date:	

Overall Good: ☒

<u>Signs/Marker:</u>			
	Type WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:			
	Comment:		
Corrective Action:		Date:	

Overall Good: ☒

<u>Spills:</u>			
Type	Area	Volume	

In Containment: No

Comment: ☐ Multiple Spills and Releases?

<u>Fencing/:</u>			
	Type WELLHEAD		
Comment:	Chain link		
Corrective Action:		Date:	

<u>Equipment:</u>			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	

<u>Venting:</u>			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

<u>Flaring:</u>			
Type			
Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 228961 Type: WELL API Number: 103-06021 Status: TA Insp. Status: SI**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: WEBR

TC: Pressure or inches of Hg 50 Previous Test Pressure _____ Last MIT: 09/13/2016

Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC inspection. Well shut in. Casing blowdown 45 sec.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Reclamation - Storm Water - Pit**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms	Pass	Gravel	Pass	Self Inspection	Pass	
Gravel	Pass	Ditches	Pass			

Comment: Corrective Action: Date: **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
401299481	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4161900