

**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:

07/07/2017

Submitted Date:

07/11/2017

Document Number:

680401684**FIELD INSPECTION FORM**
 Loc ID 334422 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____
Operator Information:OGCC Operator Number: 16695Name of Operator: CHEVRON MIDCONTINENT LPAddress: 332 ROAD 3100City: AZTEC State: NM Zip: 87410**Status Summary:**

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

Findings:9 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Pohl, April	505-333-1941	april.pohl@chevron.com	All Inspections Southwest
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
259125	WELL	PR	05/27/2001	GW	067-08400	STATE 36-5	PR
293811	WELL	IJ	01/01/2017	DSPW	067-09452	STATE 36-6	SI

General Comment:[Routine UIC Inspection.](#)

Location

Lease Road:			
Type	Access		
comment:			
Corrective Action	L	Date:	
Type	Main		
comment:			
Corrective Action	L	Date:	

Overall Good: ☒

Signs/Marker:			
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	SEPARATOR		
Comment:	Panel fence		
Corrective Action:		Date:	
Type	PUMP JACK		
Comment:	Panel fence		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Injection well inside housing		
Corrective Action:		Date:	
Type	TANK BATTERY		

Comment: Panel fence					
Corrective Action:				Date:	

Equipment:

Type: Gas Meter Run	# 1			corrective date	
Comment:					
Corrective Action:				Date:	

Type: Pump Jack	# 1				
Comment:					
Corrective Action:				Date:	

Type: Horizontal Heated Separator	# 1				
Comment:					
Corrective Action:				Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	<100 BBLS	BV STEEL		37.262094,-107.799818	
Comment:						
Corrective Action:						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	
Comment:					
Corrective Action:					Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type			
Comment:			
Corrective Action:			Date:

Inspected FacilitiesFacility ID: 259125 Type: WELL API Number: 067-08400 Status: PR Insp. Status: PR**Producing Well**Comment: Pump jack

Corrective Action:

Date:

Facility ID: 293811 Type: WELL API Number: 067-09452 Status: IJ Insp. Status: SI**Underground Injection Control**

UIC Violation:

Maximum Injection Pressure:

UIC RoutineInj./Tube: Pressure or inches of Hg 76 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: BRCNTC: Pressure or inches of Hg 47 Previous Test Pressure _____ Last MIT: 08/04/2014Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____Comment: Routine UIC Inspection. Well shut in.

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
Gravel	Pass	Gravel	Pass	Self Inspection	Pass	

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT