

**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: \_\_\_\_\_

**Status Summary:**

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

**Operator Information:**

OGCC Operator Number: 16695  
Name of Operator: CHEVRON MIDCONTINENT LP  
Address: 332 ROAD 3100  
City: AZTEC State: NM Zip: 87410

**Findings:**

- 9 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

**Contact Information:**

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

**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**

<b>Lease Road:</b>			
Type	Access		
comment:			
Corrective Action			Date:
Type	Main		
comment:			
Corrective Action			Date:

Overall Good:

<b>Signs/Marker:</b>			
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:

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

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Fencing/:</b>			
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: <span style="color:blue;">Panel fence</span>			
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	

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

<b>Paint</b>	
Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

<b>Berms</b>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate
Comment:				
Corrective Action:				Date:

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

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

**Inspected Facilities**

Facility 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 Routine

Inj./Tube: Pressure or inches of Hg 76 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: BRCN

TC: Pressure or inches of Hg 47 Previous Test Pressure \_\_\_\_\_ Last MIT: 08/04/2014

Brhd: 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