

FORM
INSPRev
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:

680401685**FIELD INSPECTION FORM**

Loc ID _____ Inspector Name: BROWNING, CHUCK On-Site Inspection
325355 _____ 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:

5 Number of Comments
0 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
Pohl, April	505-333-1941	april.pohl@chevron.com	SW Inspection Reports

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
214631	WELL	IJ	01/01/2017	DSPW	067-06235	STATE 1-36	AC

General Comment:

[Routine UIC inspection.](#)

Location

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

Overall Good:

Signs/Marker:			
	Type	WELLHEAD	
	Comment:		
	Corrective Action:		Date:

Emergency Contact Number:

Comment:	<input style="width: 95%;" type="text"/>	
Corrective Action:	<input style="width: 95%;" type="text"/>	Date: _____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
	Type	WELLHEAD	
	Comment:	Wellhead inside housing	
	Corrective Action:		Date:

Venting:			
Yes/No	NO		
	Comment:		
	Corrective Action:		Date:

Flaring:			
Type			
	Comment:		
	Corrective Action:		Date:

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Inspected Facilities

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

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 1011 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: BLFF

TC: Pressure or inches of Hg -6 Previous Test Pressure _____ Last MIT: 08/04/2014

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

Comment: Routine UIC inspection. Active injection at time of inspection.

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