

**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:

07/18/2017

Submitted Date:

07/18/2017

Document Number:

689500019**FIELD INSPECTION FORM**

Loc ID 314464 Inspector Name: GRANAHAN, KYLE On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 16700Name of Operator: CHEVRON USA INCAddress: 6301 DEAUVILLE BLVDCity: MIDLAND State: TX Zip: 79706**Status Summary:**

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

Findings:6 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

| Contact Name | Phone | Email | Comment |
|-----------------|--------------|------------------|---------|
| Peterson, Diane | 970-675-3842 | dlpe@chevron.com | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 228778 | WELL | PR | 01/01/1999 | OW | 103-05762 | GRAY A-15 | PR |

General Comment:

LocationOverall Good: ☒

| | | | |
|----------------------|------------------|-------|--|
| Signs/Marker: | | | |
| Type | CONTAINERS | | |
| Comment: | Present/complete | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | Present/complete | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment: 970-675-3700

Corrective Action:

Date: _____

Overall Good: ☒

| | | | |
|----------------|------|--------|--|
| Spills: | | | |
| Type | Area | Volume | |

In Containment: No

Comment:

☐ Multiple Spills and Releases?

| | | | |
|---------------------------|--|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Ancillary equipment | # 1 | | |
| Comment: | Chemical tote with secondary containment | | |
| Corrective Action: | | Date: | |
| Type: Submersible Pump | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Venting:

| | | | |
|--------------------|----|-------|--|
| Yes/No | NO | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Flaring:

| | | |
|--------------------|--|-------|
| Type | | |
| Comment: | | |
| Corrective Action: | | Date: |

| Inspected Facilities | | | | | | | | | |
|----------------------|---|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 228778 | Type: | WELL | API Number: | 103-05762 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | PR - via submersible pump, no leaks/venting. Remote pressure monitoring present. No production equipment on location - flows to central facility. | | | | | | | | |
| Corrective Action: | | | | | | | | Date: | |

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Reclamation - Storm Water - Pit

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction | Pass | | | | | |
| Berms | Pass | | | | | |
| Gravel | Pass | | | | | |

Comment: No sediment flow evident

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT