

**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:

08/01/2017

Submitted Date:

08/07/2017

Document Number:

685303625**FIELD INSPECTION FORM**Loc ID 326670 Inspector Name: St John, William (Cal) On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 16695Name of Operator: CHEVRON MIDCONTINENT LPAddress: 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:**25 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Leonard, Mike		mike.leonard@state.co.us	
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
261957	WELL	PR	02/02/2002	GW	067-08667	Mason #2-4	PR

General Comment:

See link at end of report for path to downloadable pictures. This inspection does not alleviate requirement to complete any open corrective actions from previous inspections. Inspection report contains corrective action and comment. See Signs/Markers, Good Housekeeping, and Equipment sections of report for additional details.

Location

Lease Road:			
Type	Access		
comment:	Dirt and gravel access road.		
Corrective Action	L	Date:	

Overall Good: ☐

Signs/Marker:			
Type	CONTAINERS		
Comment:	Label on chemical tank.		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Labels directly on top of tank. Not visible from outside of containment berms. Signs and labels need to be placed in conspicuous place to comply with Rule 210.		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Framed metal sign.		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: Operator contact information posted on wellhead sign.

Corrective Action:

Date: _____

Good Housekeeping:

Type	UNUSED EQUIPMENT		
Comment:	Not in use - 1" riser located in SE corner behind electrical panel not connected to anything. Plugged but not tagged and valve disabled. Not in use - 1" riser at wellhead not connected to anything. Plugged but not tagged and valve not disabled. Not in use - 1" riser at wellhead not connected to anything. Plugged but not tagged and valve not disabled. Review of submitted inventory does not identify these lines. 1" gas supply line valve open inside separator but inspector not able to determine where the gas is being used.		
Corrective Action:	24 hrs to lock out tag out unused line(s) and 30 days to remove unused riser to comply with 2017 Flowline NTO.	Date:	09/07/2017

Overall Good: ☐

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	LOCATION		
Comment:	6' chainlink fencing.		
Corrective Action:		Date:	

Type	TANK BATTERY			
Comment:	Stock panel fencing.			
Corrective Action:			Date:	
Equipment:				corrective date
Type: Flow Line	# 3			
Comment:	In use - 2" steel line from wellhead tubing to separator inlet. All points co-located. In use - 4" steel line from wellhead casing to separator inlet. All points co-located. In use - 4" steel line from separator outlet to gas meter inlet. All points co-located.			
Corrective Action:			Date:	
Type: Deadman # & Marked	# 4			
Comment:	NW marker down and needs to be repaired.			
Corrective Action:			Date:	
Type: Ancillary equipment	# 1			
Comment:	Chemical tank and pump on spill prevention.			
Corrective Action:			Date:	
Type: Pump Jack	# 1			
Comment:	Vertical rod pump.			
Corrective Action:			Date:	
Type: Pig Station	# 1			
Comment:				
Corrective Action:			Date:	
Type: Horizontal Heated Separator	# 1			
Comment:				
Corrective Action:			Date:	
Type: Ancillary equipment	# 1			
Comment:	Electrical service equipment.			
Corrective Action:			Date:	
Type: Ancillary equipment	# 1			
Comment:	Telemetry equipment.			
Corrective Action:			Date:	
Type: Prime Mover	# 1			
Comment:	Oil lift.			
Corrective Action:			Date:	
Type: Ancillary equipment	# 1			
Comment:	Wellhead.			
Corrective Action:			Date:	
Type: Flow Line	# 3			

Comment:	Not in use - 1" riser located in SE corner behind electrical panel not connected to anything. Plugged but not tagged and valve disabled. Not in use - 1" riser at wellhead not connected to anything. Plugged but not tagged and valve not disabled. Not in use - 1" riser at wellhead not connected to anything. Plugged but not tagged and valve not disabled. Review of operator submitted inventory does not identify these lines.			
Corrective Action:			Date:	
Type: Bird Protectors	# 1			
Comment:				
Corrective Action:			Date:	
Type: Gas Meter Run	# 1			
Comment:				
Corrective Action:			Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	OTHER	PBV STEEL		,	
Comment:	Partially buried steel tank with earthen berms.					
Corrective Action:						Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)	95 BBLS	
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 Facilities									
Facility ID:	261957	Type:	WELL	API Number:	067-08667	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR - Review of electronic well file reflects last reported production as May 2017.								
Corrective Action:								Date:	

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

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: Mixed use area with residential and commercial property.**1002 SITE PREPARATION AND STABILIZATION**

1002a. FENCING _____

Comment _____

Corrective Action _____

Date _____

1002b. SOIL REMOVAL AND
SEGREGATION _____

Comment _____

Corrective Action _____

Date _____

1002c. PROTECTION OF SOILS _____

Comment _____

Corrective Action _____

Date _____

1002E. SURFACE DISTURBANCE MINIMIZATION _____

Comment _____

Corrective Action _____

Date _____

1003a. Waste and Debris removed? Pass

Comment _____

Corrective Action _____

Date _____

Unused or unneeded equipment onsite? Pass

Comment _____

Corrective Action _____

Date _____

Pit, cellars, rat holes and other bores closed? Pass

Comment _____

Corrective Action _____

Date _____

Guy line anchors marked? Pass

Comment _____

Corrective Action _____

Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003e. INTERIM VEGETATION TRANSECT

TRANSECT RESULTS OF DISTURBED AREA% _____

TRANSECT RESULTS OF REFERENCE AREA% _____

TOTAL % OF DESIRABLE VEGETATION COVER _____

VEGETATIVE COVER _____

1003 f. Weeds Noxious weeds? _____

Comment _____

Corrective Action _____ Date _____

Overall Interim Reclamation

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads _____ Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

1004.d. FINAL VEGETATION TRANSECT

TRANSECT RESULTS OF DISTURBED AREA% _____

TRANSECT RESULTS OF REFERENCE AREA% _____

TOTAL % OF DESIRABLE VEGETATION COVER _____

VEGETATIVE COVER _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____ Well Release on Active Location ☐ Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass			Chemical tank on spill prevention.
Waddles	Pass					
Retention Ponds	Pass					
Compaction	Pass	Compaction	Pass	Material Handling And Spill Prevention	Pass	Berms around produced water tank.
Culverts	Pass					
Ditches	Pass					

Comment: [Stormwater BMPs appear to be functioning at time of inspection.](#)

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
401367403	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4218827
685303628	Inspection pictures.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4218798