

**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:

03/14/2018

Submitted Date:

03/15/2018

Document Number:

680402509**FIELD INSPECTION FORM**Loc ID 314231 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 16700Name of Operator: CHEVRON USA INCAddress: 100 CHEVRON RDCity: RANGELY State: CO Zip: 81648**Status Summary:**

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

Findings:4 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

| Contact Name | Phone | Email | Comment |
|------------------|--------------|-----------------------------|-----------------------|
| Labowskie, Steve | | steve.labowskie@state.co.us | |
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |
| Peterson, Diane | 970-675-3842 | dlpe@chevron.com | Regulatory Specialist |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 228093 | WELL | TA | 12/01/2002 | ERIW | 103-01008 | FEE 50 | TA |

General Comment:UIC-5 yr MIT.

Location**Lease Road:**

| | | | |
|-------------------|--------|-------|--|
| Type | Main | | |
| comment: | | | |
| Corrective Action | L | Date: | |
| Type | Access | | |
| comment: | | | |
| Corrective Action | L | Date: | |

Overall Good: ☒**Signs/Marker:**

| | | | |
|--------------------|----------|-------|--|
| 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?**Equipment:**

| | | | |
|--------------------------|-----|-------|-----------------|
| Type: Deadman # & Marked | # 4 | | corrective date |
| Comment: | | | |
| Corrective Action: | | Date: | |

Venting:

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

Flaring:

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

Inspected FacilitiesFacility ID: 228093 Type: WELL API Number: 103-01008 Status: TA Insp. Status: TA**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

| | | | |
|------------|---|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg) | Previous Test Pressure _____ | MPP _____ |
| TC: | Pressure or inches of Hg _____ | Previous Test Pressure _____ | Inj Zone: <u>WEBR</u> |
| Brhd: | Pressure or inches of Hg _____ | Previous Test Pressure _____ | Last MIT: <u>03/25/2014</u> |
| | | | AnnMTReq: _____ |

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 0 Csg psi: 450 BH psi: 0Insp. Status: PassComment: UIC-5 yr MIT.
Pressure well to 450 psi. Hold for 15 min. Final pressure 440 psi. -10 psi loss. OK
Test witnessed by COGCC using chart on truck.

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 |
| Berms | Pass | Gravel | Pass | Self Inspection | Pass | |

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT