

**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:

03/28/2018

Submitted Date:

03/29/2018

Document Number:

680402578**FIELD INSPECTION FORM**Loc ID 314679 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               |
|------------------|--------------|-----------------------------|-----------------------|
| Browning, Chuck  | 970-433-4139 | chuck.browning@state.co.us  | Field Inspector       |
| Labowskie, Steve |              | steve.labowskie@state.co.us |                       |
| 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 |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 229240      | WELL | IJ     | 12/06/2016  | ERIW       | 103-06331 | HAGOOD M C 5  | AC          |

**General Comment:**

Routine UIC inspection.

**Location****Lease Road:**

|                    |        |       |  |
|--------------------|--------|-------|--|
| Type               | Access |       |  |
| comment:           |        |       |  |
| Corrective ActionL |        | Date: |  |
| Type               | Main   |       |  |
| comment:           |        |       |  |
| Corrective ActionL |        | 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:**

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

**Venting:**

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

**Flaring:**

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

**Inspected Facilities**Facility ID: 229240 Type: WELL API Number: 103-06331 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg 1465 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
(e.g. 30 psig or -30" Hg) Inj Zone: WEBR

TC: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ Last MIT: 04/13/2015

Brhd: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Routine UIC inspection. Active injection at time of inspection. Casing blowdown 0 sec.

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

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT