

**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:

03/26/2018

Submitted Date:

03/27/2018

Document Number:

689500657**FIELD INSPECTION FORM**Loc ID 315556 Inspector Name: GRANAHAH, 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
231031	WELL	TA	04/27/2017	OW	103-08700	UNION PACIFIC 122 X 21	TA

General Comment:

On location in regards to form 42 doc# 401573090 to witness MIT

Top of packer at 6295'

Top of perf at 6411'

116' between packer and top of perf - variance on file for greater than 100'

No casing or tubing pressure before or after test

Casing start psi 360

Casing 5 min psi 360

Casing 10 min psi 360

Casing final psi 360

0 psi change during test

LocationOverall Good: ☒

Signs/Marker:			
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:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 231031 Type: WELL API Number: 103-08700 Status: TA Insp. Status: TA**Idle Well**Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: EQUIPMENT PRESENT/DISCONNECTED

Comment: On location in regards to form 42 doc# 401573090 to witness MIT
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No casing or tubing pressure before or after test
Casing start psi 360
Casing 5 min psi 360
Casing 10 min psi 360
Casing final psi 360
0 psi change during test

Corrective Action: Date: **Workover**

Comment: On location in regards to form 42 doc# 401573090 to witness MIT
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Casing start psi 360
Casing 5 min psi 360
Casing 10 min psi 360
Casing final psi 360
0 psi change during test

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
Compaction	Pass					
Berms	Pass					

Comment: [No sediment flow evident](#)

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
401588125	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4415173