

**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:

01/17/2019

Submitted Date:

01/17/2019

Document Number:

680404132**FIELD INSPECTION FORM**Loc ID 314906 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:**5 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM  
PREVIOUS INSPECTIONS THAT HAVE NOT  
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

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

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name      | Insp Status |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|
| 229868      | WELL | IJ     | 02/01/2017  | ERIW       | 103-07526 | CARNEY C T 30 X 34 | SI          |

**General Comment:**

UIC-MIT. Verification of repairs.

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

|                   |        |       |  |
|-------------------|--------|-------|--|
| Type              | Main   |       |  |
| comment:          |        |       |  |
| Corrective Action |        | Date: |  |
| Type              | Access |       |  |
| comment:          |        |       |  |
| Corrective Action |        | 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: Ancillary equipment | # 1      |       |                 |
| Comment:                  | WAG skid |       |                 |
| Corrective Action:        |          | 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: 229868 Type: WELL API Number: 103-07526 Status: IJ Insp. Status: SI**Underground Injection Control**

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

UIC Routine

|            |   |                              |                             |
|------------|---|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg _____<br>(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>01/30/2017</u> |
|            |   |                              | AnnMTReq: _____             |

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: \_\_\_\_\_

Test Type: Verification of Repairs Tbg psi: 0 Csg psi: 1240 BH psi: 0Insp. Status: Pass

Comment: UIC-MIT. Verification of repairs. Replace tubing and packers.  
Pressure well to 1240 psi. Hold for 15 min. Final pressure 1240 psi. -0 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                  |               |                          |         |

Comment: 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   |
|--------------|-----------------------------|---|
| 680404135    | Inspection photos 1/17/2019 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4707284">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4707284</a> |