

**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:

05/16/2019

Submitted Date:

05/18/2019

Document Number:

693800153

FIELD INSPECTION FORM

Loc ID 314678 Inspector Name: BROWNING, CHUCK On-Site Inspection 2A Doc Num: _____

Status Summary:

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

Operator Information:

OGCC Operator Number: 16700
Name of Operator: CHEVRON USA INC
Address: 100 CHEVRON RD
City: RANGELY State: CO Zip: 81648

Findings:

- 6 Number of Comments
- 1 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
Peterson, Diane	970-675-3842	dlpe@chevron.com	Regulatory Specialist
Sanford, Anita		ATLX@chevron.com	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Labowskie, Steve		steve.labowskie@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
229239	WELL	IJ	05/03/2001	ERIW	103-06330	HAGOOD M C A-3	AC

General Comment:

Routine UIC inspection. Injection well inspection only.

Location

Lease Road:			
Type	Access		
comment:			
Corrective Action			Date:
Type	Main		
comment:			
Corrective Action			Date:

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:	Damaged sign.		
Corrective Action:	Install sign to comply with Rule 210.e.		Date: 06/24/2019

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: Bradenhead	# 1		
Comment:			
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment: WAG skid			
Corrective Action:			Date:

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:			
Type			
Comment:			

Corrective Action:

Date:

Inspected Facilities

Facility ID: 229239 Type: WELL API Number: 103-06330 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 1197 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: WEBR
 TC: Pressure or inches of Hg 50 Previous Test Pressure _____ Last MIT: 04/13/2016
 Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC inspection. Active injection at time of inspection. Casing blowdown 5 sec.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
402048224	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4826689
693800154	Inspection photos 5/16/2019	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4826687