

**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:

05/29/2019

Submitted Date:

05/30/2019

Document Number:

693800407**FIELD INSPECTION FORM**Loc ID 315323 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               |
|------------------|--------------|-----------------------------|-----------------------|
| 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 |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 230631      | WELL | IJ     | 05/18/2017  | ERIW       | 103-08299 | FEE 116X      | AC          |

**General Comment:**

Routine UIC inspection. Injection well inspection only.

**Location**

|                    |        |       |  |
|--------------------|--------|-------|--|
| <b>Lease Road:</b> |        |       |  |
| Type               | Access |       |  |
| comment:           |        |       |  |
| Corrective Action  |        | Date: |  |
| Type               | Main   |       |  |
| comment:           |        |       |  |
| Corrective Action  |        | Date: |  |

Overall Good: ☒

|                      |          |       |  |
|----------------------|----------|-------|--|
| <b>Signs/Marker:</b> |          |       |  |
| Type                 | WELLHEAD |       |  |
| Comment:             |          |       |  |
| Corrective Action:   |          | Date: |  |

Emergency Contact Number:

Comment:

Corrective Action:  Date:

Overall Good: ☒

|                |      |        |  |
|----------------|------|--------|--|
| <b>Spills:</b> |      |        |  |
| Type           | Area | Volume |  |

In Containment: No

Comment: ☐ Multiple Spills and Releases?

|                           |          |       |                 |
|---------------------------|----------|-------|-----------------|
| <b>Equipment:</b>         |          |       | corrective date |
| Type: Deadman # & Marked  | # 4      |       |                 |
| Comment:                  |          |       |                 |
| Corrective Action:        |          | Date: |                 |
| Type: Bradenhead          | # 1      |       |                 |
| 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: 230631 Type: WELL API Number: 103-08299 Status: IJ Insp. Status: AC**Underground Injection Control**

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

UIC Routine

Inj./Tube: Pressure or inches of Hg 1499 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
(e.g. 30 psig or -30" Hg) Inj Zone: WEBR

TC: Pressure or inches of Hg -5 Previous Test Pressure \_\_\_\_\_ Last MIT: 04/06/2018

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: \_\_\_\_\_

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

| Document Num | Description                 | URL   |
|--------------|-----------------------------|---|
| 693800408    | Inspection photos 5/29/2019 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4836022">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4836022</a> |