

**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:

06/28/2019

Submitted Date:

06/28/2019

Document Number:

679704659**FIELD INSPECTION FORM**
 Loc ID 315096 Inspector Name: Moran, Rick On-Site Inspection ☐ 2A Doc Num:                     
**Operator Information:**OGCC Operator Number: 16700Name of Operator: CHEVRON USA INCAddress: 100 CHEVRON USA INCCity: 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 |
|----------------|-------|------------------|---------|
| Sanford, Anita |       | atlx@chevron.com |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name        | Insp Status |
|-------------|------|--------|-------------|------------|-----------|----------------------|-------------|
| 230247      | WELL | PR     | 02/01/2018  | OW         | 103-07906 | NEAL FED D-033720 6X | PR          |

**General Comment:**[COGCC Inspection Report Summary.](#)[On 6-28-2019 at approximately 16:00, inspector Rick Moran, conducted a routine well inspection at Chevron well Neal 6X in Rio Blanco county.](#)[No corrective actions were identified.](#)[This is a summary of inspection report 679704659.](#)

**Location**Overall Good: ☒

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

Emergency Contact Number:

Comment: 970-675-3700

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: Ancillary equipment | # 1  |       |                 |
| Comment:                  | Container of corrosion inhibitor with secondary containment. |       |                 |
| Corrective Action:        |  | Date: |                 |
| Type: Deadman # & Marked  | # 4  |       |                 |
| Comment:                  |  |       |                 |
| Corrective Action:        |  | Date: |                 |
| Type: Submersible Pump    | # 1  |       |                 |
| Comment:                  |  |       |                 |
| Corrective Action:        |  | Date: |                 |

**Venting:**

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

**Flaring:**

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

| Inspected Facilities |                            |       |      |             |           |         |    |               |    |
|----------------------|----------------------------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID:         | 230247                     | Type: | WELL | API Number: | 103-07906 | Status: | PR | Insp. Status: | PR |
| Producing Well       |                            |       |      |             |           |         |    |               |    |
| Comment:             | Producing well on subpump. |       |      |             |           |         |    |               |    |
| 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            |                         |                       |               |                          |         |

Comment: [No apparent significant soil migration, erosion, or soil movement on location.](#)

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   |
|--------------|------------------|---|
| 679704660    | inspection photo | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4865193">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4865193</a> |