

**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:

07/12/2019

Submitted Date:

07/15/2019

Document Number:

679704712**FIELD INSPECTION FORM**

Loc ID Inspector Name: On-Site Inspection ☐
 314509 Moran, Rick 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:4 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
228882	WELL	IJ	11/19/2018	ERIW	103-05874	WILSON CREEK MORRISON UNIT 20	SI

General Comment:[COGCC Inspection Report Summary.](#)[On 7-12-2019 at approximately 12:30, inspector Rick Moran, was on location to witness a tentative cement job at Chevron's well Willson Creek Morrison Unit 20 in Rio Blanco county.](#)[No corrective actions were identified.](#)[This is a summary of inspection report 679704712.](#)

LocationOverall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	911	
Corrective Action:		Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Equipment:**

Type: Deadman # & Marked	# 4		corrective date
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 228882 Type: WELL API Number: 103-05874 Status: IJ Insp. Status: SI**Cement**Cement Contractor

Contractor Name: _____

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): _____

Good Return During Job: _____

Cement Type: _____

Comment: No recent cementing had occurred yet at time of inspection. Cement job anticipate to occur on 7-17-2019.

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

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
679704713	inspection photo	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4879520