

**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:

06/02/2020

Submitted Date:

06/03/2020

Document Number:

693801903**FIELD INSPECTION FORM**Loc ID 336544 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**OGCC Operator Number: 16700Name of Operator: CHEVRON USA INCAddress: 100 CHEVRON ROADCity: RANGELY State: CO Zip: 81648**Status Summary:**

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

**Findings:**7 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 |                       |
| Sanford, Anita   | 970-675-3842 | ATLX@chevron.com            | Regulatory Specialist |
| Browning, Chuck  | 970-433-4139 | chuck.browning@state.co.us  | Field Inspector       |
| Koehler, Bob     |              | bob.koehler@state.co.us     |                       |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 229054      | WELL | IJ     | 07/07/2015  | ERIW       | 103-06132 | GRAY B-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:           |          |       |  |
| Corrective Action: |          | Date: |  |

Emergency Contact Number:

Comment: 970-675-3700 or 911

Corrective Action:

Date: \_\_\_\_\_

Overall Good: ☒**Spills:**

|      |      |        |  |  |
|------|------|--------|--|--|
| Type | Area | Volume |  |  |
|------|------|--------|--|--|

In Containment: No

Comment:

☐ Multiple Spills and Releases?**Fencing/:**

|                    |                |       |  |
|--------------------|----------------|-------|--|
| Type               | WELLHEAD       |       |  |
| Comment:           | Pipe barricade |       |  |
| Corrective Action: |                | Date: |  |

**Equipment:**

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

**Venting:**

|          |    |  |  |
|----------|----|--|--|
| Yes/No   | NO |  |  |
| Comment: |    |  |  |

|                    |  |       |  |
|--------------------|--|-------|--|
| Corrective Action: |  | Date: |  |
| <b>Flaring:</b>    |  |       |  |
| Type               |  |       |  |
| Comment:           |  |       |  |
| Corrective Action: |  | Date: |  |

**Inspected Facilities**Facility ID: 229054 Type: WELL API Number: 103-06132 Status: IJ Insp. Status: AC**Underground Injection Control**

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

UIC RoutineInj./Tube: Pressure or inches of Hg 1972 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_

(e.g. 30 psig or -30" Hg)

Inj Zone: WEBRTC: Pressure or inches of Hg 14 Previous Test Pressure \_\_\_\_\_ Last MIT: 12/04/2019Brhd: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_Comment: Routine UIC inspection. Injection well inspection only. Active injection at time of inspection. Casing blowdown 30 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                  |               |                          |         |

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   |
|--------------|----------------------------|---|
| 693801904    | Inspection photos 6/2/2020 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5165464">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5165464</a> |