

**FORM  
INSP**

Rev  
X/20

**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:

08/31/2021

Submitted Date:

09/01/2021

Document Number:

693803748

**FIELD INSPECTION FORM**

Loc ID 314603 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 ROAD  
City: RANGELY State: CO Zip: 81648

**Findings:**

7 Number of Comments  
0 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
Morgan, John		john.morgan@state.co.us	
Labowskie, Steve		steve.labowskie@state.co.us	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Sanford, Anita	970-675-3842	ATLX@chevron.com	Regulatory Specialist

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
229116	WELL	IJ	06/01/2019	ERIW	103-06199	LEVISON 14	AC

**General Comment:**

UIC-5 yr MIT. Wellhead inspection only.

**Location**

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

Overall Good:

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Sign at location entrance		
Corrective Action:			Date:

Emergency Contact Number:			
Comment:	970-675-3700 or 911		
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: Bradenhead	# 1		
Comment:			
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment:	WAG skid		
Corrective Action:			Date:

<b>Venting:</b>			
Yes/No	NO		
Comment:			
Corrective Action:			Date:

<b>Flaring:</b>			
Type			
Comment:			

Corrective Action:

Date:

**Inspected Facilities**

Facility ID: 229116 Type: WELL API Number: 103-06199 Status: IJ Insp. Status: AC

**Underground Injection Control**

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

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>WEBR</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>04/21/2017</u>
			AnnMTReq: _____

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: \_\_\_\_\_

Test Type: 5 Year Tbg psi: 1760 Csg psi: 1270 BH psi: 0

Insp. Status: Pass

Comment: UIC-5 yr MIT. Wellhead inspection only.  
Form 42 Doc#402790055 received 8/24/2021, with test scheduled for 9/03/2021.  
Test date moved to 8/31/2021 at inspectors request.  
Pressure well to 1270 psi. Hold for 15 min. Final pressure 1260 psi. -10 psi loss. OK  
Test witnessed by COGCC using chart on truck.

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
693803755	Inspection photos 8/31/2021	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5520743">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5520743</a>