

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:  
402849118

Date Received:  
10/21/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 2 CAs from the FIR responded to on this Form

1 CA Completed  
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 16700

Name of Operator: CHEVRON USA INC

Address: 100 CHEVRON ROAD

City: RANGELY State: CO Zip: 81648

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name	Phone	Email
<u>Shotts, Spencer</u>	<u>970-675-3714</u>	<u>SpencerShotts@chevron.com</u>
<u>Sanford, Anita</u>	<u>(970) 675-3842</u>	<u>atlx@chevron.com</u>
<u>Kellerby, Shaun</u>		<u>shaun.kellerby@state.co.us</u>
<u>Olson, Andrew</u>	<u>970-257-6004</u>	<u>AndrewOlson@chevron.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 701101764

Inspection Date: 07/19/2021

FIR Submit Date: 07/26/2021

FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: CHEVRON USA INC

Company Number: 16700

Address: 100 CHEVRON ROAD

City: RANGELY State: CO Zip: 81648

LOCATION - Location ID: 314592

Location Name: U P-62N102W Number: 22SWNW County: \_\_\_\_\_

Qtrqr: SWN Sec: 22 Twp: 2N Range: 102W Meridian: 6  
W

Latitude: 40.130340 Longitude: -108.836490

FACILITY - API Number: 05-103- -00 Facility ID: 314592

Facility Name: U P-62N102W Number: 22SWNW

Qtrqr: SWN Sec: 22 Twp: 2N Range: 102W Meridian: 6  
W

Latitude: 40.130340 Longitude: -108.836490

CORRECTIVE ACTIONS:

**1** CA# 154173

Corrective Action: Install sign to comply with Rule 605.d.

Date: 10/27/2021

Response: CA COMPLETED

Date of Completion: 10/21/2021

Operator Comment: We respectfully ask you to refer to Approved Document # 400780449 Exception to COGCC Rule 210.b.(1) current Rule 605.d.

COGCC Decision: \_\_\_\_\_

COGCC Representative: \_\_\_\_\_

OPERATOR COMMENT AND SUBMITTAL

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

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: ANITA SANFORD

Signed: \_\_\_\_\_

Title: LEAD OPS SUPPORTASSISTANT

Date: 10/21/2021 1:10:34 PM

**ATTACHMENT LIST**

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

**Document Number**      **Description**

402849144	Exception to COGCC Rule 210.b.(1) Current Rule 605.d
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Total Attach: 1 Files