

**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:

10/22/2021

Submitted Date:

10/26/2021

Document Number:

693803782

**FIELD INSPECTION FORM**

Loc ID 314911 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:**

6 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               |
|------------------|--------------|-----------------------------|-----------------------|
| Sanford, Anita   | 970-675-3842 | ATLX@chevron.com            | Regulatory Specialist |
| Morgan, John     |              | john.morgan@state.co.us     |                       |
| Browning, Chuck  | 970-433-4139 | chuck.browning@state.co.us  | Field Inspector       |
| Labowskie, Steve |              | steve.labowskie@state.co.us |                       |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name           | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-------------------------|-------------|
| 229878      | WELL | IJ     | 07/01/2017  | ERIW       | 103-07536 | UNION PACIFIC "B" 4X-34 | SI          |

**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: <input checked="" type="checkbox"/>      |                     |        |                 |
| <b>Signs/Marker:</b>                                   |                     |        |                 |
| Type   | WELLHEAD            |        |                 |
| Comment:   |                     |        |                 |
| Corrective Action:                                     |                     |        | Date:           |
| Emergency Contact Number:                              |                     |        |                 |
| Comment:   | 970-675-3700 or 911 |        |                 |
| Corrective Action:                                     |                     |        | Date: _____     |
| Overall Good: <input checked="" type="checkbox"/>      |                     |        |                 |
| <b>Spills:</b>   |                     |        |                 |
| Type   | Area                | Volume |                 |
| In Containment: No                                     |                     |        |                 |
| Comment:   |                     |        |                 |
| <input type="checkbox"/> Multiple Spills and Releases? |                     |        |                 |
| <b>Fencing/:</b>                                       |                     |        |                 |
| Type   | WELLHEAD            |        |                 |
| Comment:   | Chain link          |        |                 |
| Corrective Action:                                     |                     |        | Date:           |
| <b>Equipment:</b>                                      |                     |        |                 |
| Type: Deadman # & Marked                               | # 4                 |        | corrective date |
| Comment:   |                     |        |                 |
| Corrective Action:                                     |                     |        | Date:           |
| Type: Bradenhead                                       | # 1                 |        |                 |
| Comment:   |                     |        |                 |
| Corrective Action:                                     |                     |        | Date:           |
| <b>Venting:</b>  |                     |        |                 |
| Yes/No   | NO                  |        |                 |
| Comment:   |                     |        |                 |
| Corrective Action:                                     |                     |        | Date:           |
| <b>Flaring:</b>  |                     |        |                 |
| Type   |                     |        |                 |

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

|  |  |  |
|--|--|--|
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|--|--|--|

**Inspected Facilities**

Facility ID: 229878 Type: WELL API Number: 103-07536 Status: IJ Insp. Status: SI

**Underground Injection Control**

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

UIC Routine

|            |   |                              |                             |
|------------|---|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg _____<br>(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: 0 Csg psi: 1250 BH psi: 0

Insp. Status: Pass

Comment: UIC-5 yr MIT. Wellhead inspection only.  
Form 42 Doc#402840135 received 10/13/2021, with test scheduled for 10/23/2021.  
Test date moved to 10/22/2021 at inspectors request.  
Pressure well to 1250 psi. Hold for 15 min. Final pressure 1250 psi. -0 psi loss. OK  
Test witnessed by COGCC using chart on test 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   |
|--------------|------------------------------|---|
| 693803790    | Inspection photos 10/22/2021 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5564215">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5564215</a> |