

**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:

01/05/2022

Submitted Date:

01/05/2022

Document Number:

693803946**FIELD INSPECTION FORM**Loc ID 316495 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 |
|------------------|--------------|-----------------------------|-----------------------|
| Morgan, John | | john.morgan@state.co.us | |
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |
| Sanford, Anita | 970-640-3572 | anita.sanford@scoutep.com | Regulatory Specialist |
| Labowskie, Steve | | steve.labowskie@state.co.us | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|
| 282538 | WELL | SI | 08/01/2021 | ERIW | 103-10670 | M.C. HAGOOD A 19X | SI |

General Comment:

UIC-MIT. Verification of repairs. Wellhead inspection only.

Location**Lease Road:**

| | | | |
|-------------------|--------|-------|--|
| Type | Main | | |
| comment: | | | |
| Corrective Action | | Date: | |
| Type | Access | | |
| comment: | | | |
| Corrective Action | | Date: | |

Overall Good: ☒**Signs/Marker:**

| | | | |
|--------------------|------------------|-------|--|
| Type | WELLHEAD | | |
| Comment: | Sign on WAG skid | | |
| 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?**Equipment:**

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

Venting:

| | | | |
|--------------------|----|-------|--|
| Yes/No | NO | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Flaring:

| | | |
|----------|--|--|
| Type | | |
| Comment: | | |

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

Inspected Facilities

Facility ID: 282538 Type: WELL API Number: 103-10670 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: WEBR
 TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 07/14/2021
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: Verification of Repairs Tbg psi: 0 Csg psi: 1250 BH psi: 0

Insp. Status: Pass

Comment: [Form 42 Doc#402915088 received 1/3/2022, with test scheduled for 1/13/2022.](#)
[Test date moved to 1/5/2022 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 |
|--------------|----------------------------|---|
| 693803947 | Inspection photos 1/5/2022 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5625449 |