

**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:

05/18/2022

Submitted Date:

05/19/2022

Document Number:

693804621

**FIELD INSPECTION FORM**Loc ID 314273 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**

OGCC Operator Number: 16700

Name of Operator: CHEVRON USA INC

Address: 760 HORIZON DRIVE STE 401

City: GRAND JUNCTION State: CO Zip: 81506

**Status Summary:**

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

**Findings:**

5 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   | 970-640-3572 | anita.sanford@scoutep.com   | Regulatory Specialist |
| 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       |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name       | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------|
| 228157      | WELL | IJ     | 10/18/2021  | ERIW       | 103-01075 | MCLAUGHLIN, A C 47X | AC          |

**General Comment:**

Routine UIC inspection. Injection well 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:             |          |       |  |
| 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: Deadman # & Marked  | # 4 |       |                 |
| Comment:                  |     |       |                 |
| Corrective Action:        |     | Date: |                 |
| Type: Bradenhead          | # 1 |       |                 |
| Comment:                  |     |       |                 |
| Corrective Action:        |     | Date: |                 |
| Type: Ancillary equipment | # 1 |       |                 |
| Comment:                  |     |       |                 |
| Corrective Action:        |     | Date: |                 |

**Venting:**

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

**Flaring:**

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

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

**Inspected Facilities**Facility ID: 228157 Type: WELL API Number: 103-01075 Status: IJ Insp. Status: AC**Underground Injection Control**

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

UIC Routine

Inj./Tube: Pressure or inches of Hg 1456 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
(e.g. 30 psig or -30" Hg) Inj Zone: WEBR

TC: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ Last MIT: 02/13/2019

Brhd: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Routine UIC inspection. Injection well inspection only. Active injection at time of inspection.

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   |
|--------------|-----------------------------|---|
| 693804622    | Inspection photos 5/18/2022 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5758326">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5758326</a> |