

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:
403082478

Date Received:
06/20/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

2 CA Completed
0 Factual Review Request

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

Contact Name and Telephone:

Name:

Phone: () Fax: ()

Email:

Additional Operator Contact:

Contact Name

Phone

Email

Bittner, Dawn

970-257-6079

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Puechner, Rachel

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COGCC INSPECTION SUMMARY:

FIR Document Number: 702800194

Inspection Date: 05/06/2022

FIR Submit Date: 05/11/2022

FIR Status:

Inspected Operator Information:

Company Name: CHEVRON USA INC

Company Number: 16700

Address: 760 HORIZON DRIVE STE 401

City: GRAND JUNCTION State: CO Zip: 81506

LOCATION - Location ID: 314509

Location Name: WILSON CREEK MORRISON UNIT-63N94W Number: 34SWNE County:

Qtrqtr: SWNE Sec: 34 Twp: 3N Range: 94W Meridian: 6

Latitude: 40.189140 Longitude: -107.921130

FACILITY - API Number: 05-103-00 Facility ID: 314509

Facility Name: WILSON CREEK MORRISON UNIT-63N94W Number: 34SWNE

Qtrqtr: SWNE Sec: 34 Twp: 3N Range: 94W Meridian: 6

Latitude: 40.189140 Longitude: -107.921130

CORRECTIVE ACTIONS:

1 CA# 161783

Corrective Action: Mark or remove guy line anchor.

Date: 05/25/2022

Response: CA COMPLETED

Date of Completion: 06/14/2022

Operator Comment: Guy line anchor was removed.

COGCC Decision: _____

COGCC Representative: _____

2 CA# 161784

Corrective Action: Install or repair required BMPs per Rule 1002.f. Continue to monitor and manage stormwater on the Location. Ongoing stormwater management is required until the site receives a passing final inspection.

Date: 06/10/2022

Response: CA COMPLETED

Date of Completion: 06/14/2022

Operator Comment: Wattles were repaired and replaced to control sediment migration.

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: All corrective actions have been completed.

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

Print Name: Dawn Bittner

Signed: _____

Title: Administrative Assistant

Date: 6/20/2022 1:18:43 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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403084074	Corrective Action Photos
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Total Attach: 1 Files