

State of Colorado
Energy & Carbon Management Commission



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

Document Number:
404683845

Date Received:
06/04/2026

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

ECMC Operator Number: 16700
Name of Operator: CHEVRON USA INC
Address: CHEVRON USA INC
City: GRAND JUNCTION State: CO Zip: 81506

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Chevron</u>		<u>rbucogccinspectionreports@chevron.com</u>
<u>Dawn Bittner</u>		<u>stephaniebittner@chevron.com</u>
<u>CHEVRON</u>		<u>andrewolson@chevron.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 719201157
Inspection Date: 05/14/2026 FIR Submit Date: 05/18/2026 FIR Status: _____

Inspected Operator Information:

Company Name: CHEVRON USA INC Company Number: 16700
Address: CHEVRON USA INC
City: GRAND JUNCTION State: CO Zip: 81506

LOCATION - Location ID: 315050

Location Name: WILSON CREEK UNIT-63N94W Number: 34SWNE County: _____
Qtrqtr: SWNE Sec: 34 Twp: 3N Range: 94W Meridian: 6
Latitude: 40.186951 Longitude: -107.924021

FACILITY - API Number: 05-103-00 Facility ID: 315050

Facility Name: WILSON CREEK UNIT-63N94W Number: 34SWNE
Qtrqtr: SWNE Sec: 34 Twp: 3N Range: 94W Meridian: 6
Latitude: 40.186951 Longitude: -107.924021

CORRECTIVE ACTIONS:

1 CA# 212975

Corrective Action: Comply with Rule 606.d. Date: 06/01/2026

Response: CA COMPLETED Date of Completion: 05/26/2026

Twine was removed and barbed wire fence was set back up

Operator
Comment:

ECMC Decision:

ECMC
Representative:

2 CA# 212976

Corrective Action: Comply with Rule 1002.f.

Date: _____

Response: CA COMPLETED

Date of Completion: 05/26/2026

Operator
Comment:

Wattles were repaired where overrun and underneath

ECMC Decision:

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions complete

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: 6/4/2026 2:44:10 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
404683845	FIR RESOLUTION SUBMITTED
404683868	Location Photos

Total Attach: 2 Files