

**FORM
INSP**Rev
X/15**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:

12/22/2016

Submitted Date:

12/22/2016

Document Number:

673403958**FIELD INSPECTION FORM**

Loc ID Inspector Name: On-Site Inspection ☐
 313075 Waldron, Emily 2A Doc Num: _____

Operator Information:OGCC Operator Number: 16700Name of Operator: CHEVRON USA INCAddress: 6301 DEAUVILLE BLVDCity: MIDLAND State: TX Zip: 79706**Status Summary:**

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

Findings:3 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

| Contact Name | Phone | Email | Comment |
|--------------|--------------|-----------------------|---------|
| Brown, Lora | 307-352-5120 | lorabrown@chevron.com | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-----------------|-------------|
| 223526 | WELL | PR | 06/08/1996 | GW | 081-06893 | GOVT DYER "B" 2 | PR |

General Comment:

LocationOverall Good: ☒

| | | | |
|----------------------|----------------------|-------|--|
| Signs/Marker: | | | |
| Type | BATTERY | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | CONTAINERS | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment: 307-352-5100

Corrective Action:

Date: _____

Overall Good: ☒

| | | | |
|----------------|------|--------|--|
| Spills: | | | |
| Type | Area | Volume | |

In Containment: No

Comment:

☐ Multiple Spills and Releases?

| | | | |
|---------------------------------|-----|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Bird Protectors | # | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Horizontal Heater Treater | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Gas Meter Run | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| | | | | | |
|----------|---|----------|------|---------|--------|
| Contents | # | Capacity | Type | Tank ID | SE GPS |
|----------|---|----------|------|---------|--------|

| | | | | | | |
|--------------------|----------|----------------------------------|---------------------|-------------|-----------------------|--|
| METHANOL | 1 | <50 BBLs | STEEL AST | | 40.959990,-108.711300 | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |
| <u>Paint</u> | | | | | | |
| Condition | Adequate | | | | | |
| Other (Content) | | | | | | |
| Other (Capacity) | | | | | | |
| Other (Type) | | | | | | |
| <u>Berms</u> | | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | | |
| Other | Adequate | | | Adequate | | |
| Comment: | | Fiberglass secondary containment | | | | |
| Corrective Action: | | | | | Date: | |
| Contents | # | Capacity | Type | Tank ID | SE GPS | |
| CONDENSATE | 1 | 400 BBLs | HEATED STEEL AST | | 40.960030,-108.711070 | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |
| <u>Paint</u> | | | | | | |
| Condition | Adequate | | | | | |
| Other (Content) | | | | | | |
| Other (Capacity) | | | | | | |
| Other (Type) | | | | | | |
| <u>Berms</u> | | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | | |
| Earth | Adequate | | | Adequate | | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |
| <u>Venting:</u> | | | | | | |
| Yes/No | NO | | | | | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |
| <u>Flaring:</u> | | | | | | |
| Type | | | | | | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |

| Inspected Facilities | | | |
|----------------------|------------|-----------------------|------------|
| Facility ID: 223526 | Type: WELL | API Number: 081-06893 | Status: PR |
| Insp. Status: PR | | | |
| Producing Well | | | |
| 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

Comment: [No apparent soil migration; erosion or soil movement.](#)

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 |
|--------------|---------------------|---|
| 673403958 | INSPECTION APPROVED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4039292 |