

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:

402241500

Date Received:

11/18/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 16700

Name of Operator: CHEVRON USA INC

Address: 100 CHEVRON USA INC

City: RANGELY State: CO Zip: 81648

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Sanford, Anita

970-675-3842

atlx@chevron.com

Patterson, Chris

970 675 3814

SPWU@chevron.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 692401212

Inspection Date: 07/31/2019

FIR Submit Date: 08/25/2019

FIR Status: _____

Inspected Operator Information:

Company Name: CHEVRON USA INC

Company Number: 16700

Address: 100 CHEVRON USA INC

City: RANGELY State: CO Zip: 81648

LOCATION - Location ID: 314863

Location Name: GENTRY-61N102W Number: 3SENE County: RIO BLANCO

Qtrqtr: SENE Sec: 3 Twp: 1N Range: 102W Meridian: 6

Latitude: 40.087233 Longitude: -108.822131

FACILITY - API Number: 05-103- -00 Facility ID: 229785

Facility Name: GENTRY Number: 6X

Qtrqtr: SENE Sec: 3 Twp: 1N Range: 102W Meridian: 6

Latitude: 40.087233 Longitude: -108.822131

CORRECTIVE ACTIONS:

1 CA# 129631

Corrective Action: Assess vegetation and site conditions; re-seeding, applying remedies as indicated by assessment, to ensure the uniform establishment across the site of desirable vegetation. Reclamation Activities to be complete by November 15, 2019. Continue to monitor & manage the site until Location is Passed for Final Reclamation.

Date: 11/15/2019

Response: CA COMPLETED

Date of Completion: 09/10/2019

Completed through Chevron Work Order System and the Colorado Area Work Planner.

Operator _____
Comment: _____

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: _____

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

Print Name: Chris Patterson Signed: _____

Title: HES Specialist Date: 11/18/2019 9:04:25 AM

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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Total Attach: 0 Files